Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In	oformation				FILE	7, 71 3 3 3 4	April 11			
a. Full Name								c. ID Nun	n be r	
REGINA FOR	WINSTON				DEDOO	* =N/20				
b. Mailing Addre	ess (include C	ity, State and Zi	p Code)			I FILED		d. Date F	iled	
PO BOX 11172 WINSTON SA		116			ELECTRO SEE STATE	NICALLY WEBSITE		10	)/27/2024	
	•					ETE REPORT		e. Phone	Number	
					AWW.ncs			(336	6) 654-82	11
2. Report Year	3. Period Sta	rt Date (mm/dd/	yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treas un	rer Full N	ame	
2024		07/01/2024			10/19/2	024	RANEES	HA FORE	JEFFER	SON
6. Type of Comm				e of Repor		eck only one	type of rep	ort from o	ne catego	ory)
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Joint Fundrais			10	Organizatio		Organizatio	nal		izational	
Referendum		gal Expense Fund	4-	Thirty-five		Quarterly		☐ Pre-re	ferendum	
7. Type of Fund		ble, check one)	4	Pre-primary		First		☐ Final		
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Other:				Final		Year Er	ıd	THIRD (	QUARTE	R
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funds. I furthe	er certify that	this report is co	mplete,	true and co	prect a	id that I have	been traine	d by the N	IC State E	Board
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Kaneen	aDT	Na	. 1	KANU	MUSI			10	/27/2024	
	inted Name of S	Signer		Signa	ature of A	ppointed Treas	urer		Date	
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Date Data En	tered:			Employ	ree: _			Signer has mandatory		ived
Please Note	: This form c	annot be used t	o amen	d committe	e inform	nation such as	the commi	ttee addre		rer,
	assista	nt treasurer, cus	todian (	of books in	itormati	on, or account	informatio	n.		

### **Detailed Summary**

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number REGINA FOR WINSTON 2024 Special Total this Total this 2023 Start of Election Cycle: January 1, Election Cycle Reporting Period 4) Cash on Hand at Start 3,094.78 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 0.00 0.00 6) Contributions from Individuals (CRO-1210) \$ 11,117.61 34,265.42 7) Contributions from Political Party Committees (CRO-1220) \$ 200.00 \$ 200.00 8) Contributions from Other Political Committees (CRO-1230) \$ 1.000.00 \$ 2,000.00 9) Loan Proceeds (CRO-1410) \$ \$ 0.00 5.025.97 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0.00 \$ 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 0.00 11c) Outside Sources of Income (CRO-1250) \$ \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 12,317.61 41,491.39 **EXPENDITURES** 3) Disbursements 13a) Operating Expenditures (CRO-1310) 4,803.58 27,385.41 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ 0.00 44.82 5) Loan Repayments (CRO-1420) \$ \$ 0.00 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ 4,585.00 \$ 8,037,35 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 9,388.58 35,467.58 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ 6,023.81 6,023.81 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 5.025.97 22) Debts and Obligations owed by the Committee (CRO-1610) S 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 4) Account Transfers Within the Committee (CRO-1720) \$ 0.00 25) Administrative Support (CRO-1710) \$ 0.00 \$ 0.00 26) Forgiven Loans (CRO-1440) 0.00 \$ 0.00 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 0.00 \$ 0.00 8) Contributions to be Refunded (CRO-1215) \$ 0.00 0.00

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CRO-12	210		NC State Bo	ard of Election	ons			April 2007

### Amendment **Contributions from Individuals** 2 of Pg ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED FRANCES BOYD 1428 TURKEY HILL ROAD c. Employer's Name/Specific Field NC e. Election Sum to Date 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Credit Card 08/05/2024 \$ 6.25 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED MARY JAC BRENNAN c. Employer's Name/Specific Field 2050 DARROW ROAD WINSTON SALEM, NC 27101 e. Election Sum to Date 20.24 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 09/25/2024 \$ 20.24 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ADMIN STAFF JIMMY BROUGHTON c. Employer's Name/Specific Field 3735 SAPONA TRAIL PFAFFTOWN, NC 27040 ATRIUM HEALTH e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/16/2024 \$ 150.00

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CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100)

11,117.61

### Amendment **Contributions from Individuals** 3 of 22 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED NORMA BROWN c. Employer's Name/Specific Field 121 ELM DRIVE WINSTON SALEM, NC 27105 e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/19/2024 25.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED SUSAN CAMPBELL c. Employer's Name/Specific Field **418 N TRADE STREET** WINSTON SALEM, NC 27101 e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Credit Card 1 08/02/2024 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED **BARBARA CASSIDY** c. Employer's Name/Specific Field 1265 NORTH PEACE HAVEN ROAD

		rom Individual		ontributions	Pg 4 of 22 under \$50 if form CRO	<u>2</u> 120		t No
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5. Total of ALL CRO-1210 Pages
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CRO-1210

NC State Bo.

### **Contributions from Individuals**

			Amendme	nt
Pg	5	of	 ☐ Yes	No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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### Amendment **Contributions from Individuals** 6 of 22 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) INVESTER GARFIELD DUNCAN c. Employer's Name/Specific Field 4415 GREYSTONE PLACE COURT WINSTON SALEM, NC 27106 e. Election Sum to Date 2,600.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 OFFICE RENTAL 10/19/2024 325.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED KERRY ECKHARDT c. Employer's Name/Specific Field 54 CARRISBROOKE LANE WINSTON SALEM, NC 27104 e. Election Sum to Date 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/04/2024 \$ 6.25 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHARMACIST RANEESHA FORD JEFFERSON c. Employer's Name/Specific Field 2533 DILWORTH STREET WINSTON SALEM, NC 27106 (240) 304-9262 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 09/30/2024 \$ 100.00 \$

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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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Con	tributions fi	rom Individual	ls		Pg	2	Amendm  Yes	ent No
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WINS'	TON SALEM, N	C 27106						
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VALR	IE GLASS			I TOM ROTT	THRECTOR			
423 SP	RINGDALE AV	ENUE		c. Employer's	Name/Specific Field			
WINST	TONS ALEM, NO	27104		TRIAD RES	STORATIVE	_		
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### Amendment **Contributions from Individuals** 9 of Pg ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER JESSICA GLENN c. Employer's Name/Specific Field 566 DRUMHELLER ROAD CLEMMONS, NC 27012 HILLSBOROUGH e. Election Sum to Date MANAGEMENT LLC 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 08/03/2024 \$ 6.25 \$ S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED ELEANOR GOLDEN c. Employer's Name/Specific Field 742 W 26TH STREET WINSTON SALEM, NC 27105 e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/14/2024 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) COMMERCIAL BANKING **AVERY HALL** c. Employer's Name/Specific Field 216 DAY BREAK KERNERSVILLE, NC 27284 WELLS FARGO e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/06/2024 \$ 200.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

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5. Total of ALL CRO-1210 Pages

### **Contributions from Individuals**

Pg 10 of 22 Amendment No

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### Amendment **Contributions from Individuals** Pg 11 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) EXECUTIVE DIRECTOR SHANA HEILBRON c. Employer's Name/Specific Field 6077 SHOWELL CIRCLE PFAFFTOWN, NC 27040 CROSSNORE e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 09/25/2024 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED LAURETTA HOLLOWAY c. Employer's Name/Specific Field 12220 KYLE ABBEY LANE RALEIGH, NC 27613 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/05/2024 \$ 250.00 \$ S 3. Contributor Information ☐ Add ☐ Remove

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# Contributions from Individuals Pg 12 of 22 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FACILITATOR **MICHA JAMES** c. Employer's Name/Specific Field 126 LILYS PLACE LEXINGTON, NC 27292 **CROSSNORE** e. Election Sum to Date 40.48 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 08/07/2024 \$ 20.24 Credit Card 1 10/19/2024 \$ 20.24 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CLINICAL RESEARCH ASHLEY JEFFERSON 1336 LOWENSTEIN STREET c. Employer's Name/Specific Field WAKE FOREST, NC 27587 e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/10/2024 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PASTOR **AARON JOHNSON** c. Employer's Name/Specific Field 3436 THAMESFORD ROAD FAYETTEVILLE, NC 28311 MT SINAI BAPTIST CHURCH e. Election Sum to Date 20.24 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/10/2024 \$ 20.24 \$ \$ 4. Total only this Page 85.72 \$ 5. Total of ALL CRO-1210 Pages \$ 11,117.61 (This line must be on line 6 of Detailed Summary Page CRO-1100)

### **Contributions from Individuals**

Amendment Pg 13 of ☐ Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number **REGINA FOR WINSTON** 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) COUNTY COMMISSIONER DEANNA KAPLAN c. Employer's Name/Specific Field 2795 OLD TOWN CLUB ROAD WINSTON SALEM, NC 27106 FORSYTH COUNTY e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/17/2024 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF EMPLOYED MARY JOANNA KELLY c. Employer's Name/Specific Field 2800 REGENCY DRIVE WINSTON SALEM, NC 27106 e. Election Sum to Date 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/04/2024 \$ 6.25 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF-EMPLOYED ADRIANA KUBLICKIS c. Employer's Name/Specific Field 716 LYNN DEE DRIVE WINSTON SALEM, NC 27106 **SAHM** e. Election Sum to Date 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/28/2024 \$ 6.25 \$ \$ 4. Total only this Page 112.50 \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

### **Contributions from Individuals**

Amendment Pg 14 of 22 ☐ Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED NANCY LASH c. Employer's Name/Specific Field 408 W 27TH STREET WINSTON SALEM, NC 27105 e. Election Sum to Date 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 SIGN PLACEMENT - LOT 10/09/2024 300.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SOFTWARE CONSULTANT TERRI LEGRAND c. Employer's Name/Specific Field 3652 WINDING CREEK WAY WINSTON SALEM, NC 27106 WORKDAY e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/19/2024 25.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) EDITOR KRISTEN MACHADO c. Employer's Name/Specific Field 325 BURKEWOOD DRIVE WINSTON SALEM, NC 27104 BELMONT PUBLICATIONS e. Election Sum to Date 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/24/2024 \$ 6.25 \$ \$ 4. Total only this Page 331.25 \$ 5. Total of ALL CRO-1210 Pages \$ 11,117.61

(This line must be on line 6 of Detailed Summary Page CRO-1100)

### Amendment **Contributions from Individuals** Pg 15 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER WILLIAM MCDONALD c. Employer's Name/Specific Field 3327 COLVARD PARK WAY CHARLOTTE, NC 28269 **RWCI** e. Election Sum to Date 20.24 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 09/23/2024 \$ 20.24 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED PRISCILLA MCDUFFIE c. Employer's Name/Specific Field 2504 KINGSGATE DRIVE WINSTON SALEM, NC 27101 e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/06/2024 50.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED **EDNA MCKINNON** c. Employer's Name/Specific Field 3240 BARKSDALE ROAD FAYETTEVILLE, NC 28301 e. Election Sum to Date (910) 488-0008 100.00

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### Amendment **Contributions from Individuals** Pg 16 of Yes Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED KATHRYN MCLAIN c. Employer's Name/Specific Field 136 BROOKS LANDING DRIVE WINSTON SALEM, NC 27106 e. Election Sum to Date 15.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 08/04/2024 15.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TEACHER TERESA NELSON c. Employer's Name/Specific Field 720 LUXBURY ROAD WINSTON SALEM, NC 27104 WENDELL NEW SALEM e. Election Sum to Date SCHOOL DISTRICT 6.25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/01/2024

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	IPPEN DRIVE			c. Employer	's Name/Specific Field		
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5. Total of ALL CRO-1210 Pages
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#### Amendment **Contributions from Individuals** Pg 18 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED PHILIP PAYNE c. Employer's Name/Specific Field 173 WINDRUSH ROAD WINSTON SALEM, NC 27106 e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Credit Card 1 08/15/2024 \$ 50.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **ELAINE PITT** c. Employer's Name/Specific Field **PO BOX 363** WINSTON SALEM, NC 27102 e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/25/2024 \$ 25.00 Credit Card 1 08/25/2024 \$ 25.00 Credit Card 1 09/25/2024 \$ 25.00 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MIDSE

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## **Contributions from Individuals**

Amendment Pg 19 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **EDUCATION** JOY ROCHESTER c. Employer's Name/Specific Field 2840 REGENCY DRIVE WINSTON SALEM, NC 27106 HISTORICAL PARK/CITY e. Election Sum to Date 112.50 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/22/2024 \$ 12.50 Credit Card 1 08/16/2024 100.00 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANUFACTURING ADRIAN SMITH c. Employer's Name/Specific Field 916 GRANVILLE DRIVE WINSTON SALEM, NC 27101 ROBERT RUST FOODS e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/13/2024 \$ 50.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED VERNETTE SMITH c. Employer's Name/Specific Field 867 SANTIATO DRIVE FAYETTEVILLE, NC 28314 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/07/2024 \$ 100.00 \$ \$ 4. Total only this Page

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4. Tota	al only this Pa	ge		A Long Stor.		\$		65.48		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$		11,117.61		

### Amendment **Contributions from Individuals** Pg = 21 of22 X No ☐ Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number REGINA FOR WINSTON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BEHAVIORAL HEALTH JESSICA TOUTEBON NURSE c. Employer's Name/Specific Field 23 VARONE DRIVE STAFFORD, VA 22554 FAIRFAX COUNTY e. Election Sum to Date GOVERNMENT 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 10/17/2024 25.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER TURISA TUTTLE OGLETREET c. Employer's Name/Specific Field 833 WATLING STREET FORT MILL, SC 29715 CB e. Election Sum to Date 20.24 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Credit Card 09/21/2024 \$ 20.24 \$ \$

117 W	INBUSH ROAD FON SALEM, NO	C 27106		c. Employer	's Name/Specific Field		
						e. E	lection Sum to Date
						\$	66.75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			07/20/2024		\$ 6.25
	1	Credit Card			08/05/2024		\$ 60.50
							\$
4. Tota	al only this Pa	ge	L FLEXE.			\$	111.99
	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	11,117.61

☐ Add ☐ Remove

UNEMPLOYED

b. Job Title/Profession

3. Contributor Information

AMANDA WHALEN

(include city, state, & zip)

a. Full Name, Mailing Address & Phone

d. Comments

Amendment 22 of 22 ☐ Yes X No

**Contributions from Individuals** Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number **REGINA FOR WINSTON** 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NPO EXECUTIVE MAGGIE YACINTHE c. Employer's Name/Specific Field 5251 AUTUMN CROSSING LANE WINSTON SALEM, NC 27103 FORWARD CITIES e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/07/2024 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED **NANCY YOUNG** c. Employer's Name/Specific Field 2061 POLO ROAD WINSTON SALEM, NC 27106 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/31/2024 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) UNEMPLOYED **BONITA ZAWATSKI** c. Employer's Name/Specific Field 4144 ROCK HILL ROAD PFAFFTOWN, NC 27040 e. Election Sum to Date 20.24 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 10/13/2024 \$ 20.24 \$ \$ 4. Total only this Page 220.24 \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1. Committee Fu	ll Name (and Fund if a	applicable)		2. ID	Number	V -
REGINA FOR	WINSTON					
3. Contributor I	nformation	☐ Add ☐	Remove			UT I
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)		THE REST	b. Con	nments	-31
WINSTON SAI	LEM, NC 27107			c. Elec \$	tion Sum to 1	Date 200.0
l. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd	/yyyy)	h. Amount	E Y
1	Check		08/15/202	24	\$	200.0
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•					\$	
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	L CRO-1220 Pag	es mmary Page CRO-1100)		\$		200.0

Contributi	ions from Othe	er Political C	ommittees P	o 1 of	1	Amendment  Yes No	
	report contributions				_	163 22 110	
	ull Name (and Fund if				2.1	D Number	
REGINA FOR					2	L'ITUMENCE	
3. Contributor ]			Add R	emove		700 03 300	
	ailing Address & Phon	e	b. Type of Commi	ttee	d. C	Comments	
(include city,	state, & zip)		☐ Candidate	☐ PAC			
	OR FOR CITY COU	NCIL	Referendum				
	CKBURN ROAD		c. Level Registere		1		
RURAL HALL	., NC 27045		Federal State	County:			
1				☐ Municipality:	e. E	lection Sum to Date	
			Forsyth		\$	500.00	
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						\$	
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	ailing Address & Phon		b. Type of Commit	tee	d. C	omments	
(include city, s		100	☐ Candidate	☐ PAC			
	MAYOR CAMPAIGN	ſ	Referendum				
PO BOX 20397			c. Level Registered				
WINSTON SA	LEM, NC 27120		State	County:  Municipality:	. 17	ection Sum to Date	
			Winston Salem	Municipanty.		ection Sum to Date	
					\$	1,500.00	
	g. Form of Payment	h. In-Kind Descrip	otion	i. Date (mm/dd/yy	уу)	j. Amount	
1	Check			09/27/2024		\$ 500.00	
						\$	
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4. Total only this	s Page		11 5 35	A RADE OF STREET	\$	\$1,000.00	
	CRO-1230 Pages be on line 8 of Detailed S.	ummary Page CRO-1	100)		\$	\$1,000.00	

NC State Board of Elections

April 2007

CRO-1230

Dist.	4							Amend	ment
Disburse			_		Pg			7	
committees an	o report expenditures d coordinated party e	xpenditures	ee for o	perating expe	nses,	contribut	ions t	o candidate/	political
	Full Name (and Fund	if applicable)						2. ID Numl	ær
REGINA FOR	R WINSTON								
3. Type of Disl		use separate CR				e of Disbu	rsem	ent.)	1 12 min
Operating Ex	xpenses	ributions to Candida	tes/Polit	ical Committees	S	☐ Co	ordina	ted Party Expe	enditures
4. Payee Inform				Add 🔲	Rem	ove			
	ailing Address & Ph	one		b. Coordinate	ed Cor	nmittee N	ame	d. Commen	ts
(include city, st									
ACADEMY S				a Lauri Danis	-4 3	(0		-	
3467 BURKE				c. Level Regis	sterea	County		-	
WINSTON SE	ALEM, NC 27103			State	i	= 1		e. Election S	Sum to Date
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								\$	117.58
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					\$		FOR	POLL WO	RKERS
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	failing Address & Ph	one		b. Coordinate			ame	d. Commen	te
(include city, st						IMITOC III	- III C	u. Commen	10
AMAZON	· · ·								
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						237.51		TON MAK	
1	Electric Funds Tran	K	08	3/12/2024	\$	90.94	BUT	TONCUTT	ER TOTE
4. Payee Inforn				Add 🔲	Remo			Marile II	
	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	me	d. Comment	s
(include city, sta	ate, & zip)		1-11						
AMAZON				- V - I D	1 1	· 10			
NC				c. Level Regist		County:	_	ľ	
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						anoip	aney.		um to Date
								\$	553.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	rks
1	Electric Funds Tran	0	09	/24/2024	\$	128.35	STA	KES FOR Y	ARD
1	Electric Funds Tran	0	10	/16/2024	\$	96.29	STG	ES FOR Y	ADD
	Dietare I tilled I I till	Ů,	- 10	710/2024	Ψ		SIGN		AKD
5. Total only thi	is Page						2.01	\$	670.67
	CRO-1310 Pages				1,11			Ψ	070.07
	in line 13a of Detailed S	ummary Page CRO	1100 #	Oneratina Eva-	nege)		B		
	in line 13b of Detailed S					Political Co		\$	4,803.58
	in line 13c of Detailed Si						,		
	odes (List detailed							15) 1.1151	
A* - Media	B* - Printin			ındraising	A N	D-To	Anoth	er Candidate	
E - Salaries	F* - Equipme	ent		itical Party				Public Offic	
I - Postage	J - Penalties	3	K* - O	ffice Expenses				n to Legal E	
O* Other		7 1		Tizi					
	e detailed explanation						100		
CRO-1310		NC St	ate Boai	d of Elections				I	December 2009

Disburse		. Carre 41 a a a resulta	C.			of		<u>7</u> 🔲 1		X No
committees ar	to report expenditures and coordinated party e	xpenditures	ee for o	operating expe	nses	, contribut	ions t	o candida	te/poli	itical
1. Committee	Full Name (and Fund							2. ID Nu	mber	
REGINA FO	R WINSTON									
3. Type of Dis	bursement (Please	use separate CRC	0-1310	forms for eac	h tyt	e of Dish	reomi	ont		
Operating F		ributions to Candidat						ted Party E	xpendit	tures
4. Payee Infor				Add 🔲	Rer	nove		nii iiyy	بربلت	The season
	Mailing Address & Ph	one		b. Coordinate	ed Co	mmittee N	ame	d. Comm	ents	EU 414
(include city, s	17.00									
ASSOCIATE. NC	D POSTERS INC			c. Level Regis	stere	d (Specify)		1		
				☐ Federal		County	:			
				State		Municip	pality:	e. Electio	n Sum	to Date
								\$		2,149.90
f. Account Cod	le g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks	
1	Electric Funds Tran	В	0	9/25/2024	\$	171.20	(2) 8	X4 SIGN	S	
1	Electric Funds Tran	В	0	9/27/2024	\$	1,362.11	LAR	GE BAN	NFR A	& 15
				27272001	<u>  -                                   </u>	1,302.11		E BANN		X 13
4. Payee Infor						nove		THE N		
a. Full Name, N (include city, s	Mailing Address & Pho	one		b. Coordinate	d Co	mmittee N	ame	d. Comm	ents	
ASSOCIATEI NC	SSOCIATED POSTERS INC			c. Level Regis Federal State	tered	(Specify) County:		e. Election	n Sum	to Date
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	e g. Form of Payment							quired Re		
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1	Electric Funds Tran	В	10	0/04/2024	\$	422.65		GE POST		
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	Mailing Address & Pho	ne		Addb. Coordinate	Rem		me	d. Comme	nte	
include city, st					- 00.		· inc	u. Comme	піз	
CALL-EM-AL 3803 PARKW SUITE 900				c. Level Regist	tered	(Specify)  County:				
FRISCO, TX	75034			State	i	Municip	ality:	e. Election	Sum	to Date
								\$		170.00
Account Code	g. Form of Payment	h Purpose Code	4 D.4	( (T1)						170.00
1	Electric Funds Tran			(mm/dd/yyyy)				quired Res		
	Electric Tunds Train	A .		0/13/2024	\$	170.00	KOR	O TEXTI	NG	
					\$					
. Total only th								\$	2	2,319.90
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	Codes (List detailed of	expenditure code i	n (h.) a	ibove)	+		1		-1	
* - Media  - Salaries	B* - Printing F* - Equipme	ent (	G - Pol	ındraising itical Party		Н* - Но	lding	er Candid <b>Public O</b> f	fice E	
- Postage	J - Penalties	:	K* - O	ffice Expenses		O* Do	motion	n to I agal	Ewmon	aca Eumd

Disbursei	ments				1	Pg _ 3_ o	f	Amend 7 Yes	_
Use this form t	o report expenditure	s from the commit	tee for	operating exp	ens	es, contribu	ions 1	to candidate/	
committees and	d coordinated party	expenditures							
	Full Name (and Fund	if applicable)			Ť.			2. ID Num	er
REGINA FOR	RWINSTON								
3. Type of Dish	ursement (Please	use separate CR	0-131	forms for ea	achi	type of Dish	ursem	ent.)	
N Operating Ex		tributions to Candid						ted Party Expe	enditures
4. Payee Inform				Add 🔲	R	Remove			
a. Full Name, M	Iailing Address & Pl	ione		b. Coordina	ted (	Committee N	Vame	d. Commen	ts
(include city, st	ate, & zip)								
FOOD LION				. T	*	1 (0 .0)		4	
	POINT BLVD			Federal	ıste	red (Specify) County	_	-	
WINDION SA	LEM, NC 27106			State				e. Election S	Sum to Date
							punty.		
								\$	43.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyy	y) j.	Amount	k. R	equired Rema	rks
1	Electric Funds Tran	I		8/11/2024	\$	43.80			
					\$				
4. Payee Inform	nation			Add $\square$	P	emove			
	ailing Address & Ph	one				Committee N	ame	d. Comment	·s
(include city, st	-								
LOWE'S									
	CREEK ROAD				ister	ed (Specify)			
KERNERSVIL	LE, NC 27284	Federal		County					
				State	_	☐ Munici	pality:	e. Election S	um to Date
								\$ .	87.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy	/) j.	Amount	k. Re	quired Rema	rks
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1	Electric Funds Tran	0	1	0/08/2024	\$			GE CAMPA IERIALS TO	
	Electric Turids Train		1 1	0/08/2024	ļφ	55.22	1000000	GE CAMPA	
4. Payee Inform	nation	25 1 1 1 1 1 7 1 2	П	Add	Re	emove	LAIN	OL CAMI A	IOIV
	ailing Address & Ph	one		b. Coordinat			ame	d. Comment	s
(include city, sta	ite, & zip)								
ERVIN REID									
4821 HARCOU				c. Level Regi	ster				
UPPER MARL	BORO, MD 20772			Federal State		County:		- Darker C	4. D. 4
				State		I wruttieth	anty:	e. Election S	um to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy	) j	Amount	k. Re	quired Rema	rks
1	Check	E	0:	9/16/2024	\$	150.00			
					\$				
5. Total only thi	s Dago	III II II II II II			ľ				
		10000	_				(9)	\$	281.10
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	des (List detailed				arty 1	xpenunures)			
A* - Media	B* - Printin				-	D. T.	A 41		100
E - Salaries	F* - Equipme	~		undraising litical Party				ner Candidate Public Offic	
I - Postage	J - Penalties			office Expense	es	O* - Da	natio	n to Legal Ex	rense Kund
O* Other				-		× 100		Tream Ex	Leme vana
	e detailed explanation						ш Н Е		
CRO-1310		NC S	tate Boa	rd of Elections				D	ecember 2009

Use this form to	<b>nents</b> o report expenditures	from the committ	ee for o	operating expe		of				
committees and	coordinated party e	expenditures	-			110 411	OHO			
1. Committee F REGINA FOR	full Name (and Fund	if applicable)						2. ID Numl	er	
REGINA FOR	WINSTON									
3. Type of Disb	ursement (Please	use separate CR(	<b>)-1310</b>	forms for eac.	h type of l	Disbu	rsem	ent.)		
Operating Ex	penses 🔲 Cont	ributions to Candidat	tes/Polit	ical Committees		-		ted Party Exp	enditures	
4. Payee Inform				Add 🔲	Remove					
	ailing Address & Ph	one		b. Coordinate	d Commit	tee Na	me	d. Commen	ts	
(include city, sta										
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NC				Federal		ounty:		1		
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								\$	901.25	
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4 Davis Inform	na4*			411 🗖			STO	RAGE		
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(include city, sta		Sile		b. Coordinate	u Committ	tee Na	me	a. Commen	IS .	
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include city, sta		one		b. Coordinated	Committ	ee Nai	me	d. Comment	S	
TARGET	tt, a zip)		_				- 1			
1475 UNIVERS	SITY DRIVE			c. Level Regist	ered (Spec	cify)	-			
BURLINGON,				☐ Federal	☐ Co					
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1	Electric Funds Tran					_		H POUCHE		
								UNTEERS	Maria - Siller	
					\$				ACCIONATIVATORINA (CONTRACTOR)	
5. Total only this								\$	397.99	
	CRO-1310 Pages									
(This line goes in	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	ses)			\$	4,803.58	
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					y Expenditi	ures)	_			
A* - Media	des (List detailed					T.				
A^ - Media E - Salaries	B* - Printing F* - Equipme			undraising itical Party				er Candidate		
- Postage	J - Penalties			ffice Expenses				Public Office	e Expenses kpense Fund	
O* Other				•	V	- 1001	uuuU)	. to regai D	rbense Lang	
* Codes require	detailed explanation	in required rem	arks fi	eld (k)		100				

Amendment

TO LO		Amendment
Disbursements	Pg <u>5</u> of <u>7</u>	Yes X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)		Special Park				2. ID Nu	mber
REGINA FOR	WINSTON								
3. Type of Disb		use separate CRO				Disbu	rseme	nt.)	1,2 = 1,0
Operating Ex		ributions to Candidat	es/Polit	ical Committee:	s	C <sub>0</sub>	ordinat	ed Party Ex	penditures
4. Payee Inform				Add 🔲	Remov			F 100	
	ailing Address & Ph	one		b. Coordinate	ed Comm	ittee N	ame	d. Comm	ents
(include city, sta				-					
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NC				Federal		County			
				☐ State	1	Municip		e. Election	n Sum to Date
								\$	171.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amor	nt	k. Re	quired Re	marks
1	Electric Funds Tran	I		0/02/2024		80.30		•	
					\$				
4 D T C					_				
4. Payee Inform				Add	Remove				
a. run Name, ivi (include city, sta	ailing Address & Pho	one		b. Coordinate	d Comm	ittee N	ame	d. Comme	ents
VISTAPRINT	ite, & zip)								
NC				c. Level Regis	tered (St	ecify)			
(866) 207-4955				☐ Federal		County:			
, ,				☐ State		Municip	ality:	e. Election	Sum to Date
								\$	880.48
f Account Code	g. Form of Payment	h Purnosa Coda	i Data	(	T		I. D.		
1	Electric Funds Tran							quired Rer	narks
	Electric Funds Train	В	10	0/16/2024	\$ 7	52.08	YAR	D SIGNS	
					\$				
4. Payee Inform				Add	Remove				
a. Full Name, Ma	ailing Address & Pho	ne		b. Coordinate	d Commi	ttee Na	me	d. Comme	nts
include city, sta	te, & zip)								
WALGREENS					1 10	14.			
NC				c. Level Regis		County:			
				State	_		ality.	e. Flection	Sum to Date
								\$	32.24
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Rec	uired Ren	narks
1	Electric Funds Tran	В	08	/12/2024	\$ 3	32.24	CAM	PAIGN P	НОТО
					\$		PRIN	TING	
5. Total only this	Page								264.62
								\$	864.62
	CRO-1310 Pages	D CDO	*****			411			
	n line 13a of Detailed Si n line 13b of Detailed Si					14 1 <i>C</i> .		\$	4,803.58
	i line 13c of Detailed Si						mm)		
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A* - Media	B* - Printing			indraising		To	\ noth	ar Candid	ata.
E - Salaries	F* - Equipme			tical Party				er Candida Public Of	fice Expenses
- Postage	J - Penalties			ffice Expenses					Expense Fund
O* Other				•				- 20 20691	zasponse Fund
	detailed explanation								412 0
TRO_1310		NIC CV	to Dane	d of Flections					T

D:-1					Amendm	ent	
Disbursements	Pg	6_	of	7	☐ Yes	X No	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fund	if applicable)						2. ID Nu	mber
REGINA FOR	RWINSTON								
3. Type of Disk	ursement (Please	use separate CRC	<i>0-131</i>	forms for each	h type	of Disbu	ırseme	ent.)	STATE OF STREET
Operating Ex	cpenses Con	tributions to Candidat	tes/Poli	tical Committee	s				kpenditures
4. Payee Inform	nation			Add 🗆	Rem				
	Iailing Address & Pl	ione	31 3	b. Coordinate			ame	d. Comm	ents
(include city, st	ate, & zip)		3.17						
	AMILY MOBILE								
NC				c. Level Regi	stered				
				☐ Federal	L	County			
				State		Munici	pality:	e. Election	n Sum to Date
								\$	174.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/vvvv)	i. Am	ount	k. Re	quired Re	marks
1	Electric Funds Tran			7/03/2024	\$	26.28	-	1PAIGN I	
1			-		-				
1	Electric Funds Tran	K	0	8/05/2024	\$	26.29	CAM	IPAIGN I	HONE
4. Payee Inform				Add 🔲	Remo				
	Tailing Address & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Comme	ents
(include city, st									
	AMILY MOBILE								
NC				c. Level Regis	tered (				
				State	Ė	County:		a Floation	Sum to Date
				Care	_	_ wrancip	anty.	e. Mechor	Sum to Date
								\$	174.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rer	narks
1	Electric Funds Tran	K	0	9/02/2024	\$	26.29	CAM	IPAIGN P	HONE
1	Electric Funds Tran	К		0/02/2024	\$	26.29		PAIGN P	
4. Payee Inform	ation			Add 🗆			C2 LIV	THOIT	HONE
	ailing Address & Ph	one		b. Coordinate	Remo		ma I	d. Comme	- 4a
(include city, sta		one		b. Coolumate	u C UIII	mittee 143	ime	u. Comme	n ts
WALMART	,								
NC				c. Level Regis	tered (	Specify)			
				☐ Federal		County:			
				☐ State		Municip	ality:	e. <b>D</b> ection	Sum to Date
								\$	138.15
Account Code	g. Form of Payment	h Duman Cade						<u> </u>	
				(mm/dd/yyyy)				uired Ren	
1	Electric Funds Tran	0	10	0/13/2024	\$	138.15		UNTEER	SNACK
					\$		BAG	8	
. Total only thi	s Page						21	\$	243.30
	CRO-1310 Pages		-					φ	245,50
	n line 13a of Detailed S	ummam Dage CDA	1 1 A A : 4	On and the France					- 1
	n line 13b of Detailed S					Palitical Co		\$	4,803.58
(This line goes i	n line 13c of Detailed S	ummary Page CRO-1	100 if	Coordinated Par	tv Exne	ouucui Co enditures)	mmj		- 1
	des (List detailed							11 -00	
A* - Media	B* - Printin			undraising		D - To	Anoth	er Candida	ate.
E - Salaries	F* - Equipme	•		litical Party					fice Expenses
- Postage	J - Penalties			ffice Expenses					Expense Fund
O* Other		,		-		£ 100		Logat	ponst rund
	e detailed explanation	n in required rema	erks fi	eld (k)		- 3 Lu			
TRO-1310		NC Sta	to Roa	rd of Elections					D 1 0000

Disbursen Use this form to committees and	nents o report expenditures I coordinated party e	from the committ	ee for c	perati	ng expe				ions to	7 <b>[</b>	Mendme Yes lidate/po	XN	lo_
1. Committee F	full Name (and Fund	if applicable)	000							2. ID	Number		
REGINA FOR	WINSTON												
3. Type of Disb	ursement Please	use separate CRO	<b>0-</b> 1310	forms	for eac	h typ	e of L	Disbu	rseme	nt.)		105	100
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Cor	nmittees			Co	ordinat	ed Part	ty Expend	litures	
4. Payee Inforn				Add		Ren	ove						
a. Full Name, M	ailing Address & Ph	one	T. T. D.	b. Coc	rdinate	d Co	mmitt	ee N	ame	d. Co	mments	77	
(include city, sta	ate, & zip)												
WINSTON SA	LEM FAIRGROUN	DS											
421 WEST 277				-	l Regis	tered		_					
WINSTON SA	LEM, NC 27105				deral			unty					
				☐ Sta	ite		☐ M	unicip	ality:	e. Ele	ction Su	m to Da	ate
										\$		26	5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/d	d/yyyy)	j. An	nount		k. Re	quired	l Remark	(S	
1	Electric Funds Tran	О	10	0/11/20	24	\$	26	.00			Y TICKI		OR
						\$			GET	OUT	THE V	OTE	
5. Total only thi	s Page		F1 113			11.11	PER			\$		26	5.00
6. Total of ALL	CRO-1310 Pages				Eylivi								

\* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

C\* - Fundraising

G - Political Party

K\* - Office Expenses

4,803.58

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B\* - Printing

J - Penalties

F\* - Equipment

A\* - Media

E - Salaries

I - Postage

O\* Other

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

<b>In-Kind Contributions</b>		Ps	D)	1 of	2	Amer	es X No
Use this form to report non-monetary contributions, donation	ons,					mmittee	or fund.
Use CRO-1215 if In-Kind Contributions were or will be	refu	inded with	in 7	days.			01 10110.
1. Committee Full Name (and Fund if applicable)					2. ID	Numbe	ringing
REGINA FOR WINSTON							
3. Contributor Information	A	dd 🔲 Re	emc	ve			
a. Full Name, Mailing Address & Phone	b.	Type of Co	ntri	butor	c. Cor	nments	
(include city, state, & zip)	X	Individual					
GARFIELD DUNCAN		Candidate					
4415 GREYSTONE PLACE COURT		Party					
WINSTON SALEM, NC 27106	빒	PAC					
	吊	Referendur		0	d. Elec	tion Su	m to Date
	ľ	Other Rece	apı	Source	\$		2,600.00
e. Description	_		f.	Date (mm/d	ld/vvvv)	g. Fair	Market Amount
OFFICE RENTAL			t			_	
				07/19/20	024	\$	325.00
OFFICE RENTAL			Τ	08/19/20	174	\$	325.00
			╄	00/17/20		Ψ	323.00
OFFICE RENTAL				09/19/20	024	\$	325.00
3. Contributor Information	Ad	ld 🔲 Re	mo	370			
a. Full Name, Mailing Address & Phone	_	Type of Con	_		c Con	ments	
(include city, state, & zip)	-	Individual			10.00.		
GARFIELD DUNCAN	恒	Candidate					
4415 GREYSTONE PLACE COURT		Party					
WINSTON SALEM, NC 27106		PAC					
		Referendum			d. Dec	tion Su	m to Date
		Other Rece	ipt	Source	\$		2,600.00
e. Description	_		F	Data (mm/d		la Fain	
OFFICE RENTAL	_		1	Date (mm/d		g. rair	Market Amount
				10/19/20	24	\$	325.00
			Т				
			L			\$	
						\$	
3. Contributor Information	Ad	d 🔲 Rei	mor	ve	100	100	New York
a. Full Name, Mailing Address & Phone		ype of Con	tril	outor	c. Com	ments	
(include city, state, & zip)	-	Individual					
REGINA HALL	_	Candidate					
1258 PARTRIDGE LANE	_	Party					
WINSTON SALEM, NC 27106	_	PAC Referendum					
(571) 201-3793		Other Recei		Sarras	d. Heci	ion Sur	n to Date
	-	Other Recei	pr	source	\$		2,995.00
e. Description			f. I	Date (mm/de	l/yyyy)	g. Fair	Market Amount
FAIR MARKET VALUE OF MOBILE CAMPAIGN TRAILER				08/15/20	24	\$	
				00/13/20	24	à	2,985.00
						\$	
						\$	
Total only this Dans						<u> </u>	
4. Total only this Page			Ш		\$		4,285.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	)-11 <i>(</i>	00)			\$		4,585.00

Amendment

In-Kind Contributions					
Use this form to report non-monetary contributions, do Use CRO-1215 if In-Kind Contributions were or wi	onations, goods or ser ill he refunded with	vices pro	ovided to	o the cor	nmittee or fund.
1. Committee Full Name (and Fund if applicable) REGINA FOR WINSTON	m oo lolunded with	ii 7 day.		2. ID	Number
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Re	move		a Con	aments
(include city, state, & zip)	Individual	tributo.		C. Con	iments
NANCY LASH 408 W 27TH STREET WINSTON SALEM, NC 27105	Candidate Party PAC Referendum Other Rece			d. Eec	tion Sum to Date
e. Description	Other Rece			\$	300.00
SIGN PLACEMENT - LOT		f. Date	(mm/do	/уууу)	g. Fair Market Amount
SIGIV PLACEIVIENT - LOT		10	0/09/20	24	\$ 300.00
					\$
					\$
4. Total only this Page			F.W	\$	300.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Pag	re CRO-1100)			\$	4,585.00
CRO-1510 NC St	ate Board of Elections				December 2007

# **Outstanding Loans**

				Amendme	ent	
Pg	1_	of	_ 2	☐ Yes	X No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commi	ttee Full Name (and Fund if applica	- 11 - a -	2. ID Numb	er			
REGINA	FOR WINSTON						
3. Lender	Information		Add [	Remove	1 1 5 -		12/15/20 10
	me, Mailing Address & Phone			itle/Profession	1 - 17	d. Commen	ts
(include	city, state, & zip)		PHARM	MACIST			
	HA FORD JEFFERSON					Ctant Dot	( /3.3/
	WORTH STREET	1	e. Empla	yer's Name/Spe	cific Rield		e (mm/dd/yyyy)
(240) 304	N SALEM, NC 27106 I-9262	F	or manifero	yer a mamorope	Clife Field	- 02	2/11/2024
(210) 50.	-7202					f. End Date	(mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Oı	riginal Loan An	nount	i. Remainin	g Loan Balance
%	-		\$	-6	75.97	S	75.97
	ne of Lending Institution				, , , , ,	I. Loan Num	
N. Pull Ives	ne of Lending institution					I. Loan Nun	iber
2 Tandani	T &						
	Information ne, Mailing Address & Phone			Remove tle/Profession		11.0:	
	city, state, & zip)	-				d. Commen	is
REGINA			NON-P ADMIN	ROFIT VISTRATOR			
	RTRIDGE LANE					e. Start Date	e (mm/dd/yyyy)
WINSTO:	N SALEM, NC 27106	c	. Emplo	yer's Name/Spe	cific Field	12	/05/2023
(571) 201	-3793					C To d Date (	(3.1/
						f. End Date (	(mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Or	iginal Loan Am	ount	j. Remainin	g Loan Balance
%			\$		2,500.00	\$	2,500.00
k. Full Nam	ne of Lending Institution				gggtk m	I. Loan Num	ber
	Information	□ A	Add [	Remove		Towns I	75-12-1
	ie, Mailing Address & Phone	b	. Job Tit	tle/Profession		d. Comment	s
	city, state, & zip)		NON-PI				
REGINA I			ADMIN	ISTRATOR		Stant Date	(
	TRIDGE LANE N SALEM, NC 27106	c.	Employ	yer's Name/Spec	cific Field		(mm/dd/yyyy)
(571) 201-			T V	or primarie		. 01/	05/2024
(0,-,-	3175					f. End Date (	mm/dd/yyyy)
g. Rate	h. Security Pledged		i, Ori	iginal Loan Am	ount	i Remaining	g Loan Balance
0.00%				Iginal Loan II			
			\$		1,250.00	\$	1,250.00
k. Full Nam	ne of Lending Institution					I. Loan Num	ber
4. Total o	only this Page	-	71.	15 1 5	18 1 E	\$	3,825.97
	of ALL CRO-1430 Pages					Ψ	
	must be on line 21 of Detailed Summary	Page CRO-1	(100)			\$	5,025.97

Outs	tan	ding	Lo	ans
------	-----	------	----	-----

				Amendme	ent		
Pg	2	of	2	☐ Yes	X	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commi	ttee Full Name (and Fund if applicab	le)			2. ID Numbe	r
REGINA	FOR WINSTON					
3. Lender	Information	☐ Ac	ld 🔲 Rem	ove		17.70
	ne, Mailing Address & Phone	b	lob Title/Prof	ession	d. Comment	ts
(include	city, state, & zip)	NO.	ON-PROFIT			
REGINA	HALL	Al	<b>DMINISTRA</b>	TOR		
1258 <b>PAF</b>	RTRIDGE LANE				e. Start Date	(mm/dd/yyyy)
WINSTO (571) 201	N SALEM, NC 27106 -3793	c. I	imployer's Na	me/Specific Field	02	/10/2024
` ,					f. End Date (	mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Original I	oan Amount	j. Remainin	g Loan Balance
0.00%			\$	1,200.00	\$	1,200.00
. Full Nan	ne of Lending Institution		141		l. Loan Num	ber
I. Total	only this Page	27 (31)	100		\$	1,200.00
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-11	00)		\$	5,025.97
RO-1430		NC State Boar	1 (101			D

CRO-1430

NC State Board of Elections

December 2007

POSTAL

Retail

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201 N CHESTNUT ST WINSTON SALEM NC 27101-4120

USPS TRACKING®#

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FROM: R. Fod JEfferson

Whaten Salem, NC 27101 2553 Dilmith street

Freght County Board of Enother Window - Salen, NC 27101 201 N. Charlet Steet Tricia C. Startey

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