

Disclosure Report Cover

Amendment

☐ Yes ☐ No

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 Information

a. Full Name

Carolyn Highsmith for City Council - South Ward

c. ID Number

6CQ 74W

b. Mailing Address (include City, State and Zip Code)

3335 Anderson Drive
Winston-Salem, NC 27127

d. Date Filed

7.10.2024

e. Phone Number

336-788-5461

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

2.28.2024

4. Period End Date (mm/dd/yy)

7.10.2024

5. Treasurer Full Name

Carolyn A. Highsmith

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☒ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Truist Federal Credit Union

b. Purpose

Campaign
checking
account

c. Account Code

CAH 2024

d. Period Begin Balance

\$ ~~503.27~~

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

\$ 503.27

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Carolyn A. Highsmith

Printed Name of Signer

Carolyn A. Highsmith

Signature of Appointed Treasurer

July 10, 2024

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☒ Yes

☐ No

1. Committee Full Name (and Fund if applicable)

Cardyn Highsmith for City Council Ward 5 South

2. Type of Report
Final

3. ID Number

6 CQ 74 W

Start of Election Cycle: January 1, 2024

Total this
Reporting Period

Total this
Election Cycle

4) Cash on Hand at Start

\$ 503.27

\$ 113.27

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)

\$ 120.00

\$ 265.00

6) Contributions from Individuals (CRO-1210)

\$ 567.00

\$ 2,316.86

7) Contributions from Political Party Committees (CRO-1220)

\$

\$

8) Contributions from Other Political Committees (CRO-1230)

\$

\$

9) Loan Proceeds (CRO-1410)

\$

\$

10) Refunds/Reimbursements to the Committee (CRO-1240)

\$

\$

11) Other Receipt Sources

11a) Interest on Bank Accounts (CRO-1250)

\$

\$

11b) Contributions from Not-For-Profit Organizations (CRO-1250)

\$

\$

11c) Outside Sources of Income (CRO-1250)

\$

\$

11d) Legal Expense Fund - Other Sources (CRO-1270)

\$

\$

11e) Exempt Purchase Price Sales (CRO-1265)

\$

\$

12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)

\$ 687.60

\$ 2,581.86

EXPENDITURES

13) Disbursements

13a) Operating Expenditures (CRO-1310)

\$ 550.00

\$ 790.00

13b) Contributions to Candidates/Political Committees (CRO-1310)

\$

\$

13c) Coordinated Party Expenditures (CRO-1310)

\$

\$

14) Aggregated Non-Media Expenditures (CRO-1315)

\$

\$

15) Loan Repayments (CRO-1420)

\$

\$

16) Refunds/Reimbursements from the Committee (CRO-1320)

\$

\$

17) In-Kind Contributions (CRO-1510)

\$ 467.60

\$ 1,441.86

18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)

\$ 1,017.60

\$ ~~1,441.86~~ 2,231.86

19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)

\$ 173.27

\$ 463.27

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)

\$

21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)

\$

22) Debts and Obligations owed by the Committee (CRO-1610)

\$

23) Debts and Obligations owed to the Committee (CRO-1620)

\$

24) Account Transfers Within the Committee (CRO-1720)

\$

25) Administrative Support (CRO-1710)

\$

\$

26) Forgiven Loans (CRO-1440)

\$

\$

27) 48-Hour Notice Reports Sum (CRO-2220)

\$

\$

28) Contributions to be Refunded (CRO-1215)

\$

\$

CRO-1100

NC State Board of Elections

August 2008

Page _____ of _____

☐ Yes ☐ No[illegible]

Contributions from Individuals

Pg 1 of 1 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	
Carolyn Highsmith for City Council - South Ward				6CP74W	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Katherine Houlez 3311 S. Main St - Winston-Salem, NC 27127			Physician Assistant		
			c. Employer's Name/Specific Field Veteran's Administration		
					e. Election Sum to Date
					\$ 0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CA#2024	Check		3.2.2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Carolyn Highsmith 3335 Anderson Drive Winston-Salem, NC 27127			Retired RN/ANP		
			c. Employer's Name/Specific Field Healthcare		
					e. Election Sum to Date
					\$ 1,304.26
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CA#2024	In-Kind	Clear bags	2.29.2024	\$ 45.98
<input type="checkbox"/>	CA#2024	In-Kind	Supplies	2.28.2024	\$ 23.01
<input type="checkbox"/>	CA#2024	In-Kind	Election Handouts	3.1.2024	\$ 131.61
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Carolyn Highsmith 3335 Anderson Drive			Retired RN/ANP		
			c. Employer's Name/Specific Field Healthcare		
					e. Election Sum to Date
					\$ 1,584.86
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CA#2024	In-Kind	CallHub - Voter	3.4.2024	\$ 200.00
<input type="checkbox"/>	CA#2024	In-Kind	CallHub - Voter	3.5.2024	\$ 25.00
<input type="checkbox"/>	CA#2024	In-Kind	Campaigning - Vehicle	3.5.2024	\$ 42.00
4. Total only this Page					\$ 567.60
5. Total of ALL CRO-1210 Pages					\$ 2,316.26
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Pg 1 of 1 Amendment ☒ Yes ☐ No

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

CRO-1510

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) <u>Carolyn Highsmith for City Council - South Ward</u>					2. ID Number <u>6 CQ 74 xl</u>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Charlene Cundiff</u> <u>2731 Griffith Rd.</u> <u>Winston-Salem, NC 27103</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>0.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>CAH2024</u>	<u>Cash</u>	<u>E</u>	<u>3.5.2024</u>	\$ <u>100.⁰⁰</u>	<u>Campaign poll/election worker</u>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Luke Howard</u> <u>924 New Hope Lane</u> <u>Winston-Salem, NC Apt D</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>0.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>CAH2024</u>	<u>Cash</u>	<u>E</u>	<u>3.5.2024</u>	\$ <u>100.⁰⁰</u>	<u>Campaign poll/election worker</u>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Triad City Beat</u> <u>1451 S. Elm-Eugene St.</u> <u>Greensboro, NC 27406</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>0.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>CAH2024</u>	<u>check</u>	<u>A</u>	<u>2.28.2024/</u> <u>4.24.2024</u>	\$ <u>350.00</u>	<u>Digital Campaign Ads</u>	
				\$		
5. Total only this Page					\$ <u>550.00</u>	
6. Total of ALL CRO-1310 Pages					\$ <u>790.00</u>	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						