

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			c. ID Number	
THE COMMITTEE TO ELECT JOHN LARSON TO CITY COUNCIL				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
448 FACTORY ROW WINSTON-SALEM, NC 27101			06/30/2024	
			e. Phone Number	
			(336) 723-5124	
2. Report Year				
2024				
3. Period Start Date (mm/dd/yy)				
02/18/2024				
4. Period End Date (mm/dd/yy)				
06/30/2024				
5. Treasurer Full Name				
WILLIAM K. HOYT JR				
6. Type of Committee (Check One)				
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party				
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC				
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Presidential Election Year Candidates Fund				
<input type="checkbox"/> NC Public Campaign Financing Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
9. Type of Report (check only one type of report from one category)				
Municipal				
<input type="checkbox"/> Organizational				
<input type="checkbox"/> Thirty-five day				
<input type="checkbox"/> Pre-primary				
<input type="checkbox"/> Pre-election				
<input type="checkbox"/> Pre-runoff				
<input type="checkbox"/> Semi-annual				
<input type="checkbox"/> Mid Year				
<input type="checkbox"/> Year End				
<input type="checkbox"/> Final				
<input type="checkbox"/> Special				
State/County				
<input type="checkbox"/> Organizational				
<input type="checkbox"/> Quarterly				
<input type="checkbox"/> First				
<input type="checkbox"/> Second				
<input type="checkbox"/> Third				
<input type="checkbox"/> Fourth				
<input type="checkbox"/> Semi-annual				
<input type="checkbox"/> Mid Year				
<input type="checkbox"/> Year End				
<input type="checkbox"/> Final				
<input type="checkbox"/> Special				
Referendum				
<input type="checkbox"/> Organizational				
<input type="checkbox"/> Pre-referendum				
<input type="checkbox"/> Final				
<input type="checkbox"/> Supplemental Final				
<input type="checkbox"/> Annual				
<input type="checkbox"/> Special				
10. Special Report Name				
3. Account Information				
a. Financial Institution Full Name				
WINSTON-SALEM FEDERAL CREDIT UNION				
b. Purpose				
CAMPAIGN FUNDS				
c. Account Code				
JL1				
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				
William K Hoyt Jr				
Printed Name of Signer				
Signature of Appointed Treasurer				
07/01/2024				
Date				
FOR OFFICE USE ONLY				
Date Received: _____				
Employee: _____				
Date Postmarked: _____				
Employee: _____				
Date Scanned: _____				
Employee: _____				
Date Data Entered: _____				
Employee: _____				
Delivery Method				
<input type="checkbox"/> Normal Mail				
<input type="checkbox"/> Registered Mail				
<input type="checkbox"/> Hand Delivered				
<input checked="" type="checkbox"/> Electronically Filed				
<input type="checkbox"/> 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.				