Disclosure Re	neral report and committee	information, must b	e signed and sul	omitted along wit	Amendment  Yes No h other detailed forms.
1. Committee Information	to update information				
a. Full Name	Mution				c. ID Number
THE EAST WARD	TAYLOR COMMITTEE				5CQTDO
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
	M, NORTH CAROLINA 2	7120			10/07/2024
					e. Phone Number
					336-995-4702
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	'ull Name
2024	01/01/2024	02/	17/2024	SHERYL D. F	UNDERBURK
6. Type of Committ		9. Type of Report	t (check on	ly one type of rep	ort from one category)
Candidate Campa		Municipal	State/C	County	Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure Legal Expense Fo	Joint Fundraiser	Thirty-five da	y	Quarterly	Dre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Suppremental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Yea Year End		Semi-annual	10.0
		Final	·	Mid Year Year End	10. Special Report Name
8. Number of Funda	raisers this Report	Special		Final	
	0			Special	
11. Account Inform	ation	Serve I make the	11. Account I		
a. Financial Institution F				tution Full Name	111 8
MECHANICS & FA					0
b. Purpose  CAMPAIGN INC	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN INC	300	3			and a second
	d. Period Begin Balance				d. Period Regin Balance
	\$ 0				\$ 0
CERTIFICATION					
is complete, true and	mittee or Fund is in complites and that no funds are co correct and that I have been for the Market Market Name of Signer	mmingled with prohiting trained by the NC S	State Board of E	ion-disclosed fund lections.	B, & 22D-22M of Chapter 163 of ds. I further certify that this report
FOR OFFICE USE OF		Si	gnature of Appointe	ed Treasurer	Date
Date Received:		Employee:	/		Delivery Method
Date Postmarked		Employee:			<ul><li>☐ Normal Mail</li><li>☐ Registered Mail</li><li>☐ Hand Delivered</li></ul>
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entere	d:	Employee.			mandatory training
	form cannot be used to ame custodia You must amend the Staten	n of books informati	on, or account is	nformation.	lress, treasurer, assistant treasurer, ittee changes.

CRO-1000

NC State Board of Elections

August 2008

**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)	2. Type of Repor		3. ID Number
THE EAST WARD TAYLOR COMMITTEE	FIRST QUARTE		5CQTDO
Start of Election Cycle: January 1,	2023		tal this Total this ting Period Election Cycle
4) Cash on Hand at Start	1877-77	\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 63.5	58 \$
6) Contributions from Individuals	(CRO-1210)	\$ 1,00	00.00 \$
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$
9) Loan Proceeds	(CRO-1410)	\$ 0	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$ 0	\$
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 1,06	3.58 \$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,06	3.58
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 0	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	SI OI
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 70
15) Loan Repayments	(CRO-1420)	\$ 0	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 5
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 1,063	
19) Cash on Hand at End (Add lines 4 and 12 together, then subs	tract line 18)	\$ 0	\$
ADDITIONAL INFORMATION	Photography and		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaign	(CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$
26) Forgiven Loans	(CRO-1440)	\$ 0	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$
CRO-1100 NC State Board of Elec			August 200

## **Aggregated Contributions from Individuals**

Page

<u>1</u> of <u>1</u>

Ame	ndment	 ***************************************
$\boxtimes$	Yes	No

Optional form used to report NC Contributions From Individuals of \$50 or less

I. Co	e a ce ware	Name (and Fur	nd if applicable)		2. I	D Number
		TAYLOR CO	MMITTEE 			5CQTDO
3. Co	ntributor Info					
a. Am	THE REAL PROPERTY.	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	3003	CHECK	DONATION	02/03/2024	\$ 25.00
X	Add	_		DONATION		
	Remove	3003	CHECK	DONATION	02/03/2024	\$ 38.58
	Add					
	Remove					\$
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		CRO-1205 Pa	ages	WILLYS DUNNERS	HINE THE SA	
			mmary Page CRO-1100)	<b>GENERAL</b> DE	\$	63.58

1. Com	mittee Full Name	dividual contributions  (and Fund if applic	able		THE TOTAL				
			abie)		- 1000 1000 1000 1000 1000 1000 1000 10	2. ID N	umber	THE PA	
		LOR COMMITTEE					5CQ	ODT)	
	tributor Informat			Add □ R	Remove		Salak		
	ame, Mailing Address de city, state, & zip)	& Phone		b. Job Title/Profession	on	d. Comm	ents	7-12	
	Y LITTLE		18	RETIRED WSSU					
	LINA AVE			c. Employer's Name/	Specific Field				
WINSTON-SALEM, NC				NOT EMPLOYE					
27105						e. Electio	n Sum to l	Date	1 X 1 2 1 2 1
						\$	250	.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	l/yyyy)	k. A	mount	
	3003	CHECK				3/2024	\$		250.00
							-		
							\$		
							\$		
	ributor Informati			Add Re	emove				
	ame, Mailing Address	& Phone		b. Job Title/Profession	en e	d. Comme	ents		
	e city, state, & zip) R BAKER		alle, Ele	STATE REPRES	ENTATIVE				
	25 <sup>TH</sup> ST.			c. Employer's Name/S	Enocific Field				
	ON-SALEM, NOF	RTH CAROLINA		NC HOUSE OF R					
27105						e. Election	Sum to E	ate	rate
						\$	<b>2</b> 0 100.	00	97
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	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts		
(include FRED T	e city, state, & zip)		100	RETIRED					
	ERKY YNOLDS FORES	ייי אינער די		wssu c. Employer's Name/S	- ic vill				
	ON-SALEM, NOR			NOT EMPLOYEI					
27107	,			101 1111 10 111		e. Election	Sum to D	ate	No.
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1. Tota	l only this Page			HE HELD STORY	THE PARTY SALES	\$			450.00

**Contributions from Individuals** 

Amendment

		dividual contributions (and Fund if applica		0 or contributions u	ınder \$50 if form CR	O 1205 is n		
			ibic)			2. ID Nu		
		LOR COMMITTEE					5CQTDO	
	ributor Informat				Remove		Minney 18	
0.00	me, Mailing Address	& Phone		b. Job Title/Professi	d. Commer	nts		
	city, state, & zip)			MANAGER				
92-27 16				c. Employer's Name	(Castin First			
APT. 905					E MANAGEMENT	-		
	ORK, NEW YOR	K		IILALIII CAKI	DIMANAGEMENT	e Election	Sum to Date	
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	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	ts	
	city, state, & zip)			NON-PROFIT				
SELF								
	VN RUN LANE			c. Employer's Name	m S In			
#20342	NI CALEM NOT	TIT CAROLDIA						
27120	on-salem, nor	RTH CAROLINA			e. Election S	oum to Date	27	
2/120						\$	100.00	H- 63
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	HE -
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							\$	
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a. Full Nan	ne, Mailing Address	& Phone	-	b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			BARBER.				
	BROOKS							
	REDITH WOOD			c. Employer's Name/	Specific Field			
27107	DN-SALEM, NOR	TH CAROLINA						
2/10/						e. Election S	um to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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4. Total	only this Pag	e				\$	di-	450.00
5. Total	of ALL CRO	-1210 Pages				_		
(This line	must be on line 6 of	Detailed Summary Page C.	RO-1100		The Market Control	\$		450.00

**Contributions from Individuals** 

Amendment

3 Yes No

\_\_\_\_ of

Pg

Cont	ributions fro	m Individuals			Pg 3	of 3	Amendme Ye	
Use this	form to report inc	dividual contributions	over \$5	0 or contributions	under \$50 if form C	RO 1205 is n	ot used	۰,۰۰ ا
1. Com	mittee Full Name	(and Fund if applica	able)		Charles and the	2. ID Nu		The Later
THE EA	AST WARD TAY	LOR COMMITTEE					5CQTDO	
3. Cont	ributor Informat	ion		Add $\square$	Remove	ALC: Bay	431144	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess		d. Commen	ıts	
(includ	e city, state, & zip)			RETIRED		w commun		
RAVON	DA DALTON-R.	ANN		WSSU				
2205 LA	KE SHORE RES	ERVE COURT		c. Employer's Nam	e/Specific Field			
KERNE	RSVILLE, NORT	`H CAROLINA		NOT EMPLOY		-		
27284						e. Election S	Sum to Date	
						Φ.	100.00	
f. Prior	1	1.72				\$	100.00	
I. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
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							\$	
							\$	
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a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Commen	ts	
(menuat	e city, state, & zip)							
				c. Employer's Name	e/Specific Field			
						e. Election S	lum to Date	
						AND DOCUMENTS	Tall to Date	
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	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comment	s	
(include	city, state, & zip)							
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	only this Page					\$	4	100.00
5 Total	of ALL CRO	-1210 Pages		Service Inc.				

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

1,000.00

\$

Amendment

## **Disbursements**

Pg 1 Amendment  $\boxtimes$ Yes

No

of <u>1</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	full Name (and Fun				2. ID Number		
	ARD COMMITTEE				5CQTDO		
3. Type of Disb	ursement (Plea	ise use separate (	CRO-1310 forms for each				
Operating E			andidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments		
(include city, state,							
XTREME! MA							
204 EAST MA			c. Level Registered (Specify)				
	TAIN, NORTH CAI	ROLINA	Federal 🖂	County:			
27041			State	Municipality:	e. Election Sum to Date		
336.444.8946					\$ 1063.58		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3003	DC	A	02/14/2024	\$1,063.58	YARD SIGNS		
			0331172021	Ψ1,003.36			
				\$			
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
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				\$	CONTRACTOR OF THE PARTY OF THE		
4. Payee Inform	ation	$\boxtimes$	Add	Remove	0		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments		
include city, state,	& zip)						
			c. Level Registered (Specify)				
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			State	Municipality:	e. Election Sum to Date		
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				\$			
. Total only thi					\$ 1,063.58		
	CRO-1310 Pages						
	line 13a of Detailed Sum				\$ 1,063.58		
(This line goes in	une 13b of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Politic	cal Comm)	1,005.50		
			0 if Coordinated Party Expenditu	ires)			
/. Purpose Code A* - Media	es (List detailed exp						
E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			her Candidate		
- Postage	J - Penalties		ce Expenses		g Public Office Expenses on to Legal Expense Fund		
O* - Other * Codes require	detailed explanation	on in required re	emarks field (k)	10 10 10 10 10			