Do not use this form to 1. Committee Inform		il contra						
a. Full Name	nation	- 2 4						
COMMITTEE TO E	LECT JOANNE ALLEN	IMAYO)R 1				c	. ID Number
b. Mailing Address (included to the control of the	de City, State and Zip Code)						- 1	. Date Filed
P.O. 284 WINSTON-SALEM,	NC 27102							
WITTOTOTY-SALEWI,	NC 2/102						1	02/26/2024
							e.	. Phone Number
								336-602-5369
2. Report Year 3.	. Period Start Date (mm	/dd (-)	4. Period	End D	ate	I Isala Bassasa		
	va oriou start Date (mm	/dd/yy)	(mm/dd/yy			5. Treasurer	easurer Full Name	
2024	01/01/2024		02/17/2024 MILLICENT		JOANN	JOANNE ALLEN		
6. Type of Committee	(Check One)	0.75						
	n Party	9. Ly Munic	pe of Repor	1 (0	check on	ly one type of rej	port from	n one category)
PAC	Referendum	- Tradic	Organization		State/C	County		eferendum
Independent Expenditure	Joint Fundraiser		Thirty-five da			Organizational	L	Organizational
Legal Expense Fund			runty-nve da	ay		Quarterly		Pre-referendum
The state of the s	if applicable, check one)		Pre-primary		·	771		_
"Booster Fund"		l iii	Pre-election			First	1 -	Final
Building Fund			Pre-runoff		H	Second Third	-	Supplemental Final
			Semi-annual		H	Fourth	-	Annual
Other:			Mid Yea	ır		Semi-annual		Special
Other:			Year End	i		Mid Year	10	. Special Report Nam
Number of Fundanie	41.5 D // 2011		Final	1		Year End	10.	. Special Report Nam
8. Number of Fundrais	sers this Report	X	Special	- 1	□ F	inal		
1. Account Information						pecial		D2 177
. Financial Institution Full	On Nome	i a juy				nformation	Des Design	
BANK OF AMERICA	vant			a. Finan	cial Instit	tution Full Name		四 吊 岩龙
. Purpose	c. Account Code			1.5				0 07
COMMITTEE	- Court			b. Purpo	ose		c.	Account Code
FUNDS	1							7
	d. Period Begin Balance						-	and to the same
#/	\$ 1500.00						d.	Period Begin Balance
	4 1500,00						\$	- 3
ERTIFICATION								
certify that the Commit	tee or Fund is in complia and that no funds are con	nce with	all applical	ole provi	isions of	Article 22A 22	B & 221	D 22M - COL
complete true and com	and that no funds are concept and that no funds are concept and that I have been	nmingle	d with prohi	bited or	other no	on-disclosed fund	ls. I fiirth	per certify that this ron
MILLICENT J.	rect and that I have been	trained b	1 1/1 -	into poqu	rd of Ele	ections.		to cortary that this icp
	inted Name of Signer		Miller		. all	,	02/26/	2024
OR OFFICE USE ONLY			Sig	mature of .	Appointed	l Treasurer		Date
Date Received:		_					D 11	
		E	Employee:	-				Normal Mail
Date Postmarked:		F	imployee:					Normal Mail Registered Mail
Data C		1.		-				Hand Delivered
Date Scanned:		E	mployee:					Electronically Filed
				-				Signer has not received
Date Data Entand							r	nandatory training
Date Data Entered:		E	mployee:	_			•	nandatory training

CRO-1000

Detailed Summary
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

Amendment Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Repor			3. ID 1	Number
COMMITTEE TO ELECT JOANNE ALLEN	ORGANIZATIONAL				
Start of Election Cycle: January 1,	2024	-	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1,500.00	\$	1,500.00
5) Aggregated Contributions from Individuals					
y 88 3 and Contributions from Individuals	(CRO-1205)	-	0	\$	0
	(CRO-1210)	\$	0	\$	0
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	0
9) Loan Proceeds	(CRO-1410)	\$	2,000.00	\$	2,000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0
11b) Contributions from Not-for-Profit Organization	ns (CRO-1250)	\$	0	\$	0
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$	2,000.00	\$	2,000.00
EXPENDITURES	STATE OF THE STATE	10 Q1 E		W. Control	2,000.00
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2,601.32	\$	2,601.32
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
5) Loan Repayments	(CRO-1420)	\$		\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$			
7) In-Kind Contributions	(CRO-1510)	\$		\$	
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1		\$	2601.22	\$	
Cash on Hand at End (Add lines 4 and 12 together, then subtrac	rt line 18)	\$	798.68	\$	2601.32
DDITIONAL INFORMATION	. mc 10)	ψ.	790.00	\$	798.68
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
) Outstanding Loans (incl. ones from other campaigns)		\$			
Debts and Obligations owed By the Committee		\$			
Debts and Obligations owed To the Committee		\$			
Account Transfers Within the Committee		_			
) Administrative Support		\$			
) Forgiven Loans		\$		\$	
48-Hour Notice Reports Sum	<u>+</u>	\$		\$	
Contributions to be Refunded	-	\$		\$	
20-1100 NC State Board of Election	(CRO-1215)	\$		\$	

1. Committee Full Name (and Fund if applica	ible)	t is from an inc		2. ID Number		
COMMITTEE TO ELECT JOANNE ALLEN	MAYOR					
3. Lender Information		Add'				
a. Full Name, Mailing Address & Phone		b. Job Title/Profe	L. L.	Remove		
(include city, state, & zip)		N/A	ession	d. Comments		
MILLICENT JOANNE ALLEN		14/21		2		
305 GAITHER ROAD	1			e. Start Date (mm/dd/yyy		
WINSTON-SALEM, NC 27101		c. Employer's Na	me/Specific Field			
		SELF-EMPLO	OYED	01/01/2024		
				f. End Date (mm/dd/yyyy		
				02/17/2024		
. Rate h. Security Pledged	i. A	Account Code	j. Form of Payn			
%	1					
Full Name of Lending Institution	11		TRANSFER	\$ 2,000.00		
Tante of Penning Institution				m. Loan Number		
Endorsers/Makers (The people who gua	rantee the L	orn)				
Full Name, Mailing Address & Phone	anne me ll	b. Job Title/Pro	faccion	73. 1		
(include city, state, & zip)		D. JOD THE/FIG	ression	c. Employer's Name/Specific Field		
		d. Percentage		e, Amount		
			%	\$		
Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Prof	ession	c. Employer's Name/Specific Field		
•						
	1	d. Percentage		e. Amount		
			%	\$		
Full Name, Mailing Address & Phone		b. Job Title/Profe	ession	c. Employer's Name/Specific Field		
(include city, state, & zip)		d. Percentage				
	F	u. 1 ci centage	%	e. Amount		
ull Name, Mailing Address & Phone		L V I man				
include city, state, & zip)		b. Job Title/Profe	ssion	c. Employer's Name/Specific Field		
	-	1 W.				
	1	d. Percentage		e. Amount		

Loan Proceeds

Amendment

Use this form	to report expenditure nd coordinated party	s from the commit	tee for; operating expen	Pg 1 care of the ses, contributions	of 3 Yes N to candidate/political
P	e Full Name (and Fu	expenditures.			•
COMMITTE	E TO ELECT JOAN	ME ALLEM MAY	OP		2. ID Number
3. Type of Dis					
	g Expenses	Contributions to Co	CRO-1310 forms for each andidates/Political Committees	ch type of Disburs	sement.)
4. Payee Info		Controllions to Ca	Add Committees		Coordinated Party Expenditures
	ailing Address & Phone		b. Coordinated Committee	Remove	
(include city, stat			D. Cool dinated Committee	ee ivame	d. Comments
	D POSTERS, INC.				
2737 W. MOU			c. Level Registered (Speci	ify)	
KERNERSVI	ILLE, NC 27284		Federal F	County:	
			State	Municipality:	e. Election Sum to Date
					c. Election Sum to Date
F. 4					\$ 1,455.73
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	В	01/23/2024		CAMPAIGN SIGNS
			01/23/2024	\$1,005.80	The state of the s
				\$	
4. Payee Infor	matia-			•	
			Add	Remove	DESCRIPTION OF THE PROPERTY OF
	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state STAPLES	e, or zip)				
	V CREEK ROAD				
	LLE, NC 27284		c. Level Registered (Specify		
	3DD, INC 27204		Federal County:		
,			State	Municipality:	e. Election Sum to Date
					\$ 112.13
Account Code	g. Form of Payment	h. Purpose Code	i Data (mm/dd/m-)		
1			i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks
I	DEBIT CARD	В	01/26/2024	\$34.05	CARDS
				\$	
. Payee Inforn	nation	TVALE OF THE BY	Add 🔲	Remove	
Full Name, Mail	ing Address & Phone		b. Coordinated Committee		d. Comments
nclude city, state,	& zip)				d. Comments
	POSTERS, INC				
2737 W. MOUI	NIT A TAT CO				1
w			c. Level Registered (Specify))	-
ERNERSVIL			c. Level Registered (Specify) Federal		
CERNERSVIL.				County:	e. Election Sum to Data
KERNERSVIL.			Federal		e. Election Sum to Date
	LE, NC 27284		Federal	County:	e. Election Sum to Date \$ 1455.73
XERNERSVIL		h. Purpose Code	Federal	County:	\$ 1455.73
Account Code	LE, NC 27284	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount	\$ 1455.73 k. Required Remarks
Account Code	LE, NC 27284 g. Form of Payment		Federal State	County: Municipality:	\$ 1455.73
Account Code	LE, NC 27284 g. Form of Payment	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks
Account Code	g. Form of Payment DEBIT CARD	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount	\$ 1455.73 k. Required Remarks
Account Code Total only thi	g. Form of Payment DEBIT CARD	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks
Account Code Total only thi Total of ALL	g. Form of Payment DEBIT CARD is Page CRO-1310 Pages	h. Purpose Code B	Federal State St	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS
Account Code Total only thi Total of ALL (This line goes in i	g. Form of Payment DEBIT CARD S Page CRO-1310 Pages line 13a of Detailed Sumn	h. Purpose Code B mary Page CRO-1100 is	i. Date (mm/dd/yyyy) 02/07/ 2024	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS \$ 1489.78
Account Code Total only thi Total of ALL (This line goes in it	g. Form of Payment DEBIT CARD is Page CRO-1310 Pages line 13a of Detailed Sumn line 13b of Detailed Sumn	h. Purpose Code B mary Page CRO-1100 ip	i. Date (mm/dd/yyyy) 02/07/ 2024 Toperating Expenses)	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS
Account Code Total only thi Total of ALL (This line goes in i (This line goes in i	g. Form of Payment DEBIT CARD is Page CRO-1310 Pages line 13a of Detailed Summ line 13b of Detailed Summ line 13c of Detailed Summ line 13c of Detailed Summ	h. Purpose Code B mary Page CRO-1100 ij mary Page CRO-1100 ij	i. Date (mm/dd/yyyy) 02/07/ 2024 f Operating Expenses) f Contrib to Candidates/Politic	County: Municipality: j. Amount \$449.93	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS \$ 1489.78
Account Code Total only thi Total of ALL (This line goes in i (This line goes in l Purpose Code - Media	g. Form of Payment DEBIT CARD S Page CRO-1310 Pages line 13a of Detailed Summ line 13c of Detailed Summ	h. Purpose Code B mary Page CRO-1100 ip mary Page CRO-1100 if mary Page CRO-1100 if enditure code in (h.	Federal State i. Date (mm/dd/yyyy) 02/07/ 2024 f Operating Expenses) f Contrib to Candidates/Politic Coordinated Party Expenditu	County: Municipality: j. Amount \$449.93 \$ cal Comm) ures)	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS \$ 1489.78 \$ 2,601.32
Total only thi Total of ALL (This line goes in i (This line goes in i Purpose Code - Media - Salaries	g. Form of Payment DEBIT CARD is Page CRO-1310 Pages line 13a of Detailed Summ line 13c of Detailed Summ line 13c of Detailed Summ cs. (List detailed expenses) B* - Printing F* - Equipment	h. Purpose Code B mary Page CRO-1100 ip mary Page CRO-1100 if enditure code in (h. C* - Fundra	i. Date (mm/dd/yyyy) 02/07/ 2024 f Operating Expenses) f Contrib to Candidates/Politic Coordinated Party Expendituation (above)	County: Municipality: j. Amount \$449.93 \$ cal Comm) ures)	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS \$ 1489.78 \$ 2,601.32 er Candidate
Account Code Total only thi Total of ALL (This line goes in i (This line goes in l Purpose Code - Media	g. Form of Payment DEBIT CARD S Page CRO-1310 Pages line 13a of Detailed Summ line 13c of Detailed Summ Line 13c of Detailed Summ S (List detailed expenses) B* - Printing	h. Purpose Code B mary Page CRO-1100 ip mary Page CRO-1100 if mary Page CRO-1100 if enditure code in (h.	i. Date (mm/dd/yyyy) 02/07/ 2024 f Operating Expenses) f Contrib to Candidates/Politic Coordinated Party Expendituation above) tising Party	County: Municipality: j. Amount \$449.93 \$ cal Comm) ures) D - To Anoth H* - Holding	\$ 1455.73 k. Required Remarks CAMPAIGN SIGNS \$ 1489.78 \$ 2,601.32

Pg

Disbursements

Amendment

Disburse Use this form committees ar	to report expenditured to report expenditured to report expenditure to	es from the commexpenditures.	nittee for; operating ex	Pg <u>2</u> penses, contributi	of <u>3</u> ons to candida	Amendment Yes tte/political		
1. Committee	Full Name (and F	ind if applicable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2. ID Number		
3. Type of Dis	E TO ELECT JOAN	NE ALLEN MA	YOR			2. ID Number		
Operating	Expenses	ease use separate	CRO-1310 forms for	each type of Dist	bursement.)			
4. Payee Info		Contributions to	Candidates/Political Comm	ittees	Coordinated	Party Expenditures		
	niling Address & Phone		Add	Remove.	PHURSER		(J	
(include city, stat	e. & zin		b. Coordinated Com	nittee Name	d. Con	nments		
STAPLES	•							
4214 WEST V	WENDOVER		c. Level Registered (S					
GREENSBORO, NC 27407			Federal Federal					
			State	County: Municipalit				
				L iviumcipani	y: e. Elect	tion Sum to Date		
f. Account Code		T			\$ 33	.46		
n Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Regr	ired Remarks		
1	DEBIT CARD	В	02/03/2024	\$22.46		CARDS		
		-	02/03/2024	\$33.46				
				\$				
4. Payee Inform	nation	1 1 1 1 1 1 1 1 1 1 1 1	Add					
	ing Address & Phone		A second	Remove				
include city, state,	& zip)		b. Coordinated Commi	ttee Name	d. Com	d. Comments		
STAPLES								
210 HARMON	CREEK ROAD		c. Level Registered (Sp	enifer)				
KERNERSVIL	LE, NC 27284		Federal	7				
			State	County: Municipality:		- TO		
				Municipality	e. Electio	on Sum to Date		
Account Code					\$ 112	.13		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Reani	red Remarks		
L	DEBIT CARD	В	02/11/2024 \$19.25		CARDS			
			V-11/202-1	\$19.23				
	DEBIT CARD	В	02/13/24	\$58.83				
. Payee Inform	ation		Add					
	ng Address & Phone		b. Coordinated Committee	Remove		d. Comments		
iclude city, state, d	& zip)		b. Cool dinated Committ	iee Name	d. Comme			
ONDELL LAN	NE MEDIA							
			c. Level Registered (Spec	oifu)				
REENSBORO	, NC 27	Ì	Federal [County:				
			State	Municipality:	a Flori	e. Election Sum to Date		
					e. Election	Sum to Date		
Account Code	g Form - en	h D			\$ 500.0	00		
		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Require	d Remarks		
	DEBIT	0	02/15/2024	\$500.00	PHOTOS			
			02/15/2024	\$500.00		1310		
		1		\$				
Fotal only this	Page							
Total of ALL	CRO-1310 Pages				\$ 6	11.54		
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the goes in ill	te 130 01 Detailed Summ	ary Paga CDA 1100 :	Comment of the second	litical Commi	\$ 2,	601.32	1	
The Second see that	w 150 oj Detaitea Summi	<i>uv Pase ("RO_1100 i</i>	Coordinated D To	aucui Comm) dituros)	2,	V V Lood day		
ar post codes	(List detailed expe	nditure code in (h	above)	······································				
- Media Salaries	B* - Printing	C* - Fundra	aising	D. To Ano	ther Candidate			
Postage	F* - Equipment J - Penalties	G - Political	Party	H* - Holdi	ng Public Offic	e Evnences		
- Other		K* - Office		Q* - Donat	tion to Legal E	xpense Fund		
odes require d	letailed explanation	in required rem	arke field (h)		_		- 1	

Use this form	to report expenditure	es from the comm	ittee for; operating expe	Pg <u>3</u> nses, contribution	of 3 Yes N
1. Committe	nd coordinated party	expenditures.			political
COMMITTE	e Full Name (and F u EE TO ELECT JOAN	ind if applicable)			2. ID Number
3. Type of D	ishuraamant (N		The state of the s		
	is Expenses	ease use separate	CRO-1310 forms for el	ach type of Disbu	rsement)
4. Payee Info		Contributions to (Candidates/Political Committe	es 🗍	Coordinated Party Expenditures
			Add	Remove	Tatey Expenditures
a. Full Name, M	ailing Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, sta	te, & zip)				d. Comments
B DAHT EN	TERTAINMENT				
	S MLK JR. DR.		c. Level Registered (Spe	oife)	
WINSTON-S	SALEM, NC 27110		Federal		
			State	County:	
			L_j State	Municipality:	e. Election Sum to Date
					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (may 1224		Ψ 300.00
1		7.0000	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	A	02/16/2024	\$500.00	PROMOTION
				Ψ500.00	
				\$	
4. Payee Infor	metion			Φ	
			Add	Remove	THE PARTY OF THE P
	iling Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, state	e, & zip)				d. Comments
			c. Level Registered (Speci	fu)	
			Federal F		
			State	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code			φ
	B state of any mone	ar pose code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				Ψ	
				•	
4. Payee Inform	n . 42			\$	
			Add	Remove	
. ruii Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,	& zip)				u. Comments
					1
		İ	c. Level Registered (Specify	7)	_
		t	Federal T		-
			State	County:	
		-	State	Municipality:	e. Election Sum to Date
					\$
Account Code	g. Form of Payment	h. Purpose Code	I Date (Inc.		Ψ
	January	- Casa Cour	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1			\$	
				Ψ	
				d.	
Total ant d:	- D			\$	1
Total only this		The Same			\$ 500.00
This line	CRO-1310 Pages				JUU.UU
This live	ine 13a of Detailed Summ	ary Page CRO-1100 i	f Operating Expenses)		
true and goes in t	ine 130 of Detailed Summ	arv Paoe CRA_11AA :	Carefull to Con 11 2	ical Comm)	\$ 2,601.32
The strice goes the to	me 130 oj Detatiea Summi	uv Page CRO-1100 is	Consdingted Dach, E	ures)	
r ar pose Code	s (List detailed expe	nditure code in (h	above)		
- Media	B* - Printing	C* - Fundra	lising	D T. A	
- Salaries	F* - Equipment	G - Political	Party	D - To Anoth	ner Candidate
Postage	J - Penalties	K* - Office		O* Panati	g Public Office Expenses
- Other	1,55			A nouatio	on to Legal Expense Fund
Coues require	detailed explanation	in required rem	arks field (k)	The same of the same	

Disbursements

Amendment