Disclosure Report Cover						Amendment Yes No	
Use this form for general report and committee information, must be signed and submitted along with o						other detailed forms.	
Do not use this form to up	date information						
1. Committee Information)n						
a. Full Name						c. ID Number	
COMMITTEE TO ELEC	T JOANNE ALLEN	MAYOF	2				
b. Mailing Address (include Ci	ty, State and Zip Code)						d. Date Filed
P.O. BOX 284 WINSTON-SALEM, NC	27102						02/26/2024
							e. Phone Number
							336-602-5369
2. Report Year 3. Pe	riod Start Date (mm/c	id/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Full	
2024	02/18/2024		06/3	30/2024		MILLICENT JOA ALLEN	ANNE
6. Type of Committee (Cl	neck One)	9. Typ	e of Report	(0	heck onl	y one type of report	t from one category)
Candidate Campaign	Party	Munici			State/Co		Referendum
PAC Independent	Referendum		Organizationa	1		Organizational	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five da	y	Ç	Quarterly	Pre-referendum
	plicable, check one)		Pre-primary			First	☐ Final
"Booster Fund"	the second second second	d	Pre-election		H	Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
		_	Semi-annual			Fourth	Special
- ·			Mid Year	r	s	emi-annual	
Other:		Ц	Year End	I		Mid Year	10. Special Report Name
8. Number of Fundraisers	a 4b in Demant	H	Final		님 _	Year End	Lo
o. Number of Fundraiser.	s this Report		Special			inal	
11. Account Information			70 5 5 5 5 5			pecial	1~
a. Financial Institution Full Nat	me		1 15 3 5 1	15. 4. 1		nformation	
BANK OF AMERICA				a. rinai	iciali instii	tution Full Name	
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
COMMITTEE FUNDS	1			•			Witten Cout
TONDS	d. Period Begin Balance						d. Period Begin Balance
	\$ \$98.68						
CERTIFICATION	3						\$
	or Fund is in complic	moo wit	h all annli	hla	riai acc	f Andinia 00 A 007	& 22D-22M of Chapter 163 of
the NC General Statutes an is complete, true and correct	d that no funds are co	nmingle	ed with proh	ibited or	other n	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
MILLICENT JOA	NNE ALL		100,	a Th	and	(200	07/06/2024/
Print	ed Name of Signer		Si	gnature o	Appointe	d Treasurer	Date
FOR OFFICE USE ONLY							
Date Received:			Employee:				Delivery Method Normal Mail
Date Postmarked:	<u> </u>		Employee:				Registered Mail Hand Delivered
Date Scanned:		1	Employee:		_		Electronically Filed Signer has not received
Date Data Entered:			Employee:				mandatory training
							ss, treasurer, assistant treasurer,

Amendment

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

Amer	ıdment		
	Yes	\boxtimes	No

1. Committee Full Name (and F		2. Type of Report		3. ID Number
COMMITTEE TO ELECT JOAI	NNE ALLEN MAYOR	ORGANIZATION	N	
Start of Election Cycle:	January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ \$798.68	\$ \$98.68
<u>RÈCEIPTS</u>				
5) Aggregated Contributions	from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Indivi	iduals	(CRO-1210)	\$ 0	\$ 0
7) Contributions from Politic	cal Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other	Political Committees	(CRO-1230)	\$ 0	\$. 0
9) Loan Proceeds		(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements	To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources				
11a) Interest on Bank Acce	ounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from N	lot-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of In	come	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund -	- Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Pri	ce Sales	(CRO-1265)	\$ 0	\$ 0
2) TOTAL RECEIPTS (Add lin	nes 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 0	\$ 0
EXPENDITURES				CATALLE SALES
3) Disbursements				
13a) Operating Expenditur	res	(CRO-1310)	\$ 532.00	\$ 532.00
13b) Contributions to Can	didates/Political Commit	ttees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Ex	xpenditures	(CRO-1310)	\$ 0	\$ 0
4) Aggregated Non-Media Ex	penditures	(CRO-1315)	\$ 0	\$ 0
5) Loan Repayments		(CRO-1420)	\$ 0	\$ 0
6) Refunds/Reimbursements	From the Committee	(CRO-1320)	\$ 0	\$ 0
7) In-Kind Contributions		(CRO-1510)	\$ 0	\$ 0
8) TOTAL EXPENDITURES	6 (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 532.00	\$ 532.00
9) Cash on Hand at End (Add l	lines 4 and 12 together, then sub	tract line 18)	\$ 266.68	\$ 266.68
DDITIONAL INFORMA	TION			
0) Non-Monetary Gifts Given	to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. or	nes from other campaigr	ns) <i>(CRO-1430)</i>	\$ 3,500,00	
2) Debts and Obligations owe	d By the Committee	(CRO-1610)	\$	
3) Debts and Obligations owe	d To the Committee	(CRO-1620)	\$	
4) Account Transfers Within	the Committee	(CRO-1720)	\$	
5) Administrative Support		(CRO-1710)	\$	\$
6) Forgiven Loans		(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Su	ım	(CRO-2220)	\$	\$
8) Contributions to be Refund		(CRO-1215)	\$	\$
RO-1100	NC State Board of Elec		Ψ	August 200

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) COMMITTEE TO ELECT JOANNE ALLEN MAYOR					2. ID Number
3. Type of Dist	A STATE OF THE PROPERTY OF THE PARTY OF THE		CRO-1310 forms for each		
Operating		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Infor		AND MET IN CUIT	Add	Remove	
	iling Address & Phone		b. Coordinated Committee 1	Vame	d. Comments
(include city, state					
	ERTAINMENT				
	LK JR. DRIVE	c. Level Registered (Specify)			
WINSTON-SA	ALEM, NC 27110		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,000.00
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	A	03/04/2024	\$500.00	PROMOTION
	DEBIT	11	03/04/2024	\$300.00	
				\$	
				Φ	
4. Payee Inform			Add		
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state					
BANK OF AM	IERICA				
P.O. Box 1528	4		c. Level Registered (Specify)		
WILMINGTO	N, DELAWARE		Federal	County:	
19850			State	Municipality:	e. Election Sum to Date
					\$ 16.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEDIT				BANK FEES
1	DEBIT	0	05/01/2024	\$16.00	
				\$	r
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	, & zip)				
BANK OF AM					
P.O. BOX 15284 WILMIGTON, DELAWARE			c. Level Registered (Specify)		
			Federal		
19850		Federal County: State Municipality:		e. Election Sum to Date	
					\$ 532.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1					BANK FEES
1	DEBIT	О	06/03/2024	\$16.00	DAINK I LLES
				\$	
5. Total only th	is Page	FOR STATE		THE RESERVE	\$ 532.00
	CRO-1310 Pages				4 332.00
	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		1.
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)				al Comm)	\$ 532.00
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expenditu	res)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anot	her Candidate
E - Salaries	- Salaries F* - Equipment G - Politic				g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e Expenses	on to Legal Expense Fund	
O* - Other					
Codes requir	e detailed explanati	on in required re	marks field (k)		