Disclosure Report Co	over		Amendment		
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			يعاسي بالمالية		
a. Full Name		1	c. ID Number		
Committee to Elect Anton Monssaer 93-3757321					
b. Mailing Address (include City, Sta			d. Date Filed		
Action Wi	il PL		1/31/25		
Winston-Salem, NC 27/04			e. Phone Number		
2. Report Year 3. Period Star	t Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. Treasur	336-409-6350 rer Full Name		
2024 07/01	12024 1213	31 2024 Meli	ssaw Martine		
6. Type of Committee (Check	One) 9. Type of Rep	port (check only one type of rep	ort from one category)		
Candidate Campaign Par	ty Municipal	State/County	Referendum		
	ferendum Organization	al Organizational	Organizational		
	nt Fundraiser	ay Quarterly	Pre-referendum		
Legal Expense Fund	Pre-primary	First	Final		
	Pre-election	Second	Supplemental Final		
7. Type of Fund (if applicable,	check one) Pre-runoff	Third	Annual		
Booster Fund	Semi-annual	Fourth	Special		
Building Fund	Mid Yea	ar Semi-annual			
	Year En	d Mid Year	10. Special Report Name		
Other:	Final	Year End			
8. Number of Fundraisers this	Report Special	Final			
(2)	1		No.		
X/		Special	(S) (12)		
11. Account Information					
11. Account Information a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name			
		11. Account Information			
a. Financial Institution Full Name	c. Account Code	11. Account Information			
a. Financial Institution Full Name First BANK b. Purpose	c. Account Code	11. Account Information a. Financial Institution Full Name	B & . 1		
a. Financial Institution Full Name First BANK b. Purpose	1	11. Account Information a. Financial Institution Full Name	c. Account Code		
a. Financial Institution Full Name First BANK b. Purpose	c. Account Code d. Period Begin Balance	11. Account Information a. Financial Institution Full Name	B & . 1		
a. Financial Institution Full Name First BANK b. Purpose Campaign	1	11. Account Information a. Financial Institution Full Name	c. Account Code		
a. Financial Institution Full Name First BANK b. Purpose Campurs CERTIFICATION	d. Period Begin Balance	11. Account Information a. Financial Institution Full Name b. Purpose	c. Account Code d. Period Begin Balance		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun	d. Period Begin Balance \$\alpha \alpha \alph	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 221 prohibited or other non-disclosed fi	c. Account Code d. Period Begin Balance \$		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance \$\alpha \alpha \alph	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 221 prohibited or other non-disclosed fi	c. Account Code d. Period Begin Balance \$		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by	b. Purpose icable provisions of Article 22A, 22i prohibited or other non-disclosed fithe No State Board of Elections.	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 221 prohibited or other non-disclosed fi	c. Account Code d. Period Begin Balance \$		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by Sign	b. Purpose icable provisions of Article 22A, 22i prohibited or other non-disclosed fithe No State Board of Elections.	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this 1/3/25 Date		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by	b. Purpose cable provisions of Article 22A, 221 prohibited or other non-disclosed fithe No State Board of Elections. Del	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by Sign	b. Purpose icable provisions of Article 22A, 22i prohibited or other non-disclosed fithe NO State Board of Elections. Appointed Treasurer Del	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this 1/3/25 Date ivery Method Normal Mail Registered Mail		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY Date Received:	d. Period Begin Balance \$\236 ad is in compliance with all applied to funds are commingled with and that I have been trained by Sign	icable provisions of Article 22A, 22i prohibited or other non-disclosed fit the NO State Board of Elections. Del Cappointed Treasurer Del Cappointed Treasurer	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this 1/3/25 Date ivery Method Normal Mail		
a. Financial Institution Full Name First BAN b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked:	d. Period Begin Balance \$\alpha \text{ A 30} and is in compliance with all applied to no funds are commingled with and that I have been trained by Employ Employ	icable provisions of Article 22A, 221 prohibited or other non-disclosed fithe No State Board of Elections. Delete: Del	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this Date ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received		
a. Financial Institution Full Name First BANK b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	d. Period Begin Balance \$\236 ad is in compliance with all appliant no funds are commingled with and that I have been trained by Employ Employ Employ Employ Employ	icable provisions of Article 22A, 221 prohibited or other non-disclosed fithe NO State Board of Elections. Delete: Del	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this Date ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training		
a. Financial Institution Full Name First BAN b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form can	d. Period Begin Balance \$\alpha \alpha \alpha Compliance with all applied to no funds are commingled with and that I have been trained by Sign Employs Employse Employ	icable provisions of Article 22A, 221 prohibited or other non-disclosed fithe No State Board of Elections. Delete: Del	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this 1/3/25 Date ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer.		

Defailed Summary	Amendment Yes No		
Use this form to summarize all disclosure reporting forms and			
Committee Full Name (and Fund if applicable) 2. Type of		. 1	ID Number
lonn, for Anton	8	YESA	
Start of Election Cycle: January 1, 202	4	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1236.00	\$
RECEIPTS			10 Val. 51757
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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)	\$	\$
11 \ B	(CRO-1265)	\$ /	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1		/	\$
EXPENDITURES		* *	Ψ
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
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)	\$ 1276.00	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ \$1234	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18	\$	\$
ADDITIONAL INFORMATION			
	(CRO-1330)	\$	
	(CRO-1430)	\$	
	(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)	\$ 264,00	\$
27) 48-Hour Notice Reports Sum	CRO-2220)	\$	\$
28) Contributions to be Refunded (C	CRO-1215)	\$	\$

Loan Repayments	:			Amendment
Use this form to report pay	ments on an exist	ting loan.	Pg of	Yes No
1. Committee Full Name (and Fund if app	olicable)	Russ 20 Bill Confession	2. ID Number
Committee	e to s	loot Lat	m Monssari	
3. Lender Information		☐ Add	☐ Remove	
a. Full Name, Mailing Address	& Phone		2 110,110 (10	b. Comments
(include city, state, & zip)				LOAN
Anton Mo	ussaev			c. Original Loan Date
2020 Glo Winston	1.1			
Winstam	- Sale		27104	10/4/23
7001		1		d. Original Loan Amount \$ 1500.00
e. Remaining Loan Balance	f. Account Code	F	To the second second	
	1. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 1500	1	Watt	11/13/24	\$ 1236.00
\$				\$
3. Lender Information	ENT STEED	☐ Add	Remove	
a. Full Name, Mailing Address &	Phone		y and hear	b. Comments
(include city, state, & zip)				
				c. Original Loan Date
1				
				d. Original Loan Amount
e. Remaining Loan Balance	f. Account Code	g Form of Description	In the contract of the contrac	\$
\$	1. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
Ψ				\$
\$				\$
3. Lender Information	ELEKSASTIII	☐ Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h Dote ((13/)	
\$	voount Cour	g. a or in or a ayment	h. Date (mm/dd/yyyy)	i. Repayment Amount
				\$
\$				\$
4. Total only this Page				\$ 1236.00
5. Total of ALL CRO-1				
(This line must be on line 15 of L	\$ 1236.00			

Forgiven Loans	Pg of	Amendment
Use this form to report any loan which has been forgiven by	the lender.	Yes No
A Forgiven loan statement (CRO-6200) must accompany eac	ch forgiven loan.	
1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee for Anton		
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
Alton Moussall	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
Alton Monssaer 2020 ColonalPL Winston-Soley,NC	d. Original Loan Amount	\$ 1500
		g. Date (mm/dd/yyyy)
Winston-Soley, NC	\$ \560	1/31/25
27101	e. Remaining Loan Balance	h. Forgiven Amount
	\$ 264	s 264
3. Lender Information a. Full Name, Mailing Address & Phone	Add Remove	
(include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	O Til () G
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	
3. Lender Information		\$
a. Full Name, Mailing Address & Phone	Add Remove	
(include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
4. Total only this Page		\$ 264 00
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)	\$ 2/4/00	
The lender information should contain the same information as supplied	on the original loan proceed statement	
CDO 1440		