

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 THE EAST WARD TAYLOR COMMITTEE	c. ID Number 5CQTDO
b. Mailing Address (include City, State and Zip Code) P. O. 20342 WINSTON-SALEM, NORTH CAROLINA 27120	d. Date Filed 02/27/2024
	e. Phone Number 336-995-4702

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/2024	4. Period End Date (mm/dd/yy) 02/17/2024	5. Treasurer Full Name SHERYL D. FUNDERBURK
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund				<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

8. Number of Fundraisers this Report 0	10. Special Report Name
--	--------------------------------

11. Account Information		11. Account Information	
a. Financial Institution Full Name MECHANICS & FARMERS BANK	a. Financial Institution Full Name	b. Purpose CAMPAIGN INC CAMPAIGN EXP	c. Account Code 3003
b. Purpose	b. Purpose	d. Period Begin Balance \$ 0	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 of Elections.

SHERYL D. FUNDERBURK
 Printed Name of Signer

Sheryl D. Funderburk
 Signature of Appointed Treasurer

02/27/2024
 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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.

Detailed Summary

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

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	3. ID Number	
THE EAST WARD TAYLOR COMMITTEE	FIRST QUARTER PLUS	5CQTDO	
Start of Election Cycle:	January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$
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 Organizations	(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, 11c, 11d and 11e)		\$ 0	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,229.15	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$
15) Loan Repayments	(CRO-1420)	\$ 0	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,229.15	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -1,229.15	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(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	\$

Disbursements

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) THE EAST WARD TAYLOR COMMITTEE					2. ID Number 5CQTDO
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> XTREME! MARKETING 204 EAST MAIN STREET PILOT MOUNTAIN, NORTH CAROLINA 27041 336.444.8946		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,063.58	
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
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GOIN' POSTAL 5335 ROBINHOOD VILLAGE DRIVE WINSTON-SALEM, NORTH CAROLINA 27106 336.499.2660		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 161.62	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3003	DC	B	02/23/2024	\$161.62	DIGITAL PRINTIN
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> WEB.COM 5335 GATE PARKWAY JACKSONVILLE, FLORIDA 32256 800.862.8921		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 3.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3003	DC	K	02/23/2024	\$3.95	WEB HOSTING
				\$	
5. Total only this Page					\$ 1,229.15
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1,229.15
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					