

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 10/07/2024
	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
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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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	
<input type="checkbox"/> Other:		<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	b. Purpose
b. Purpose	c. Account Code 3003	c. Account Code	c. Account Code
d. Period Begin Balance \$ 0	d. Period Begin Balance	d. Period Begin Balance	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.

Christopher M. Taylor
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

10-25-2024
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
 Yes 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)	\$ 63.58	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,000.00	\$
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 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)		\$ 1,063.58	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,063.58	\$
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)		\$ 1,063.58	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$
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	\$

Contributions from Individuals

Pg 1 of 3

Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE EAST WARD TAYLOR COMMITTEE					5CQTDO	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LARRY LITTLE OAKALINA AVE WINSTON-SALEM, NC 27105			RETIRE WSSU			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	CHECK		01/13/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AMBER BAKER 452 W. 25 TH ST. WINSTON-SALEM, NORTH CAROLINA 27105			STATE REPRESENTATIVE			
			c. Employer's Name/Specific Field NC HOUSE OF REP.			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	Check		01/16/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRED TERRY 1224 REYNOLDS FOREST DRIVE WINSTON-SALEM, NORTH CAROLINA 27107			RETIRE WSSU			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	CHECK		01/24/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 450.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE EAST WARD TAYLOR COMMITTEE					5CQTDO	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARIO CONNAR 92-27 160 TH ST. APT. 905 NEW YORK, NEW YORK 11433			MANAGER			
			c. Employer's Name/Specific Field			
			HEALTH CARE MANAGEMENT			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	CHECK		02/14/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SELF 200 TOWN RUN LANE #20342 WINSTON-SALEM, NORTH CAROLINA 27120			NON-PROFIT			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	Check		01/02/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEREK BROOKS 4164 MEREDITH WOODS WINSTON-SALEM, NORTH CAROLINA 27107			BARBER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	3003	CHECK		02/04/2024	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 450.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number				
THE EAST WARD TAYLOR COMMITTEE					5CQTDO				
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAVONDA DALTON-RANN 2205 LAKE SHORE RESERVE COURT KERNERSVILLE, NORTH CAROLINA 27284			b. Job Title/Profession RETIRED WSSU		d. Comments				
			c. Employer's Name/Specific Field NOT EMPLOYED						
			e. Election Sum to Date					\$ 100.00	
			f. Prior <input type="checkbox"/>		g. Account Code 3003	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 02/4/2024	k. Amount \$ 100.00
<input type="checkbox"/>						\$			
<input type="checkbox"/>						\$			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove									
			e. Election Sum to Date					\$	
			<input type="checkbox"/>						\$
<input type="checkbox"/>						\$			
<input type="checkbox"/>						\$			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove									
			e. Election Sum to Date					\$	
			<input type="checkbox"/>						\$
<input type="checkbox"/>						\$			
<input type="checkbox"/>						\$			
4. Total only this Page					\$ 100.00				
5. Total of ALL CRO-1210 Pages					\$ 1,000.00				
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

RECEIVED
 24 OCT 25 PM 4:15
 BOARD OF ELECTIONS

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 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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						
					\$ 1,063.58	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 1,063.58	
<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>						
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)						

RECEIVED
OCT 15 PM 4:16
FRESH MEAT MARKET