

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 Kevin Mundy for City Council		c. ID Number n/a																																					
b. Mailing Address (include City, State and Zip Code) 1100 Hudgins Hill Ct. Winston-Salem, NC 27103		d. Date Filed 10/22/20																																					
		e. Phone Number 336-918-0259																																					
2. Report Year 2020	3. Period Start Date (mm/dd/yy) 7/1/20	4. Period End Date (mm/dd/yy) 10/17/20	5. Treasurer Full Name Rodney R Windsor																																				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) <table border="1"><thead><tr><th>Municipal</th><th>State/County</th><th>Referendum</th></tr></thead><tbody><tr><td><input type="checkbox"/> Organizational</td><td><input type="checkbox"/> Organizational</td><td><input type="checkbox"/> Organizational</td></tr><tr><td><input type="checkbox"/> Thirty-five day</td><td><input type="checkbox"/> Quarterly</td><td><input type="checkbox"/> Pre-referendum</td></tr><tr><td><input type="checkbox"/> Pre-primary</td><td><input type="checkbox"/> First</td><td><input type="checkbox"/> Final</td></tr><tr><td><input checked="" type="checkbox"/> Pre-election</td><td><input type="checkbox"/> Second</td><td><input type="checkbox"/> Supplemental Final</td></tr><tr><td><input type="checkbox"/> Pre-runoff</td><td><input type="checkbox"/> Third</td><td><input type="checkbox"/> Annual</td></tr><tr><td><input type="checkbox"/> Semi-annual</td><td><input type="checkbox"/> Fourth</td><td><input type="checkbox"/> Special</td></tr><tr><td><input type="checkbox"/> Mid Year</td><td><input type="checkbox"/> Semi-annual</td><td></td></tr><tr><td><input type="checkbox"/> Year End</td><td><input type="checkbox"/> Mid Year</td><td></td></tr><tr><td><input type="checkbox"/> Final</td><td><input type="checkbox"/> Year End</td><td></td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Final</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Special</td><td></td></tr></tbody></table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<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	
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<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report																																							
11. Account Information		11. Account Information																																					
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name																																					
b. Purpose Account for receipts & disbursement of campaign	c. Account Code KMFCC-CHK	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$ 1931.32		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. _____ Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date																																							
FOR OFFICE USE ONLY <table border="0"><tr><td>Date Received: _____</td><td>Employee: _____</td><td rowspan="4">Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td></tr></table>				Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	Date Postmarked: _____	Employee: _____	Date Scanned: _____	Employee: _____	Date Data Entered: _____	Employee: _____																											
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Date Postmarked: _____	Employee: _____																																						
Date Scanned: _____	Employee: _____																																						
Date Data Entered: _____	Employee: _____																																						
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	
Kevin Mundy for City Council		Third Quarter Plus		n/a	
Start of Election Cycle: January 1, _____			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 1931.32		\$
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>	\$	\$	
6) Contributions from Individuals		<i>(CRO-1210)</i>	\$	\$ 4558.57	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>	\$	\$ 1000.00	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>	\$	\$	
9) Loan Proceeds		<i>(CRO-1410)</i>	\$	\$ 1000.00	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>	\$	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>	\$	\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>	\$	\$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>	\$	\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>	\$	\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>			\$ 0	\$ 6558.57	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>	\$ 49.62	\$ 4378.55	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>	\$ 250.00	\$ 250.00	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>	\$	\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>	\$	\$	
15) Loan Repayments		<i>(CRO-1420)</i>	\$	\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>	\$	\$ 149.16	
17) In-Kind Contributions		<i>(CRO-1510)</i>	\$	\$ 149.16	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>			\$ 299.62	\$ 4926.87	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>			\$ 1631.70	\$ 1631.70	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>	\$		
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>	\$		
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>	\$		
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>	\$		
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>	\$		
25) Administrative Support		<i>(CRO-1710)</i>	\$	\$	
26) Forgiven Loans		<i>(CRO-1440)</i>	\$	\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>	\$	\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>	\$	\$	

Disbursements

Pg 1 of 3

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) Kevin Mundy for City Council					2. ID Number n/a	
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 (include city, state, & zip) Hewlett Packard hp@email.hpconnected.com			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 56.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KMFCC-Chk	debit card	K	7/8/20	\$3.20	Ink	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hewlett Packard hp@email.hpconnected.com			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 59.70		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KMFCC-CHK	debit card	K	8/10/20	\$3.20	Ink	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hewlett Packard hp@email.hpconnected.com			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$ 62.90		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KMFCC-CHK	debit card	K	9/8/20	\$3.20	Ink	
				\$		
5. Total only this Page					\$ 9.60	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 299.62	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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)						

Disbursements

Pg 2 of 3

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) Kevin Mundy for City Council					2. ID Number n/a	
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 (include city, state, & zip) 66 Pizzeria 930 Hwy 66 S Kernersville, NC 217284 336-996-1243			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 26.45	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code KMFCC-CHK	g. Form of Payment debit card	h. Purpose Code G	i. Date (mm/dd/yyyy) 9/9/20	j. Amount \$26.45	k. Required Remarks Lunch with Consultant	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Costco 1085 Hanes Mall Blvd. Winston-Salem, NC 27103 336-970-2300			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 10.37	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code KMFCC-CHK	g. Form of Payment debit card	h. Purpose Code O	i. Date (mm/dd/yyyy) 9/22/20	j. Amount \$10.37	k. Required Remarks Candy for Rev UP	
				\$	Voter Registration	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hewlett Packard hp@email.hpconnected.com			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 66.10	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code KMFCC-CHK	g. Form of Payment debit card	h. Purpose Code K	i. Date (mm/dd/yyyy) 10/7/20	j. Amount \$3.20	k. Required Remarks Ink	
				\$		
5. Total only this Page					\$ 40.02	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 299.62	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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)						

Disbursements

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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)					2. ID Number	
Kevin Mundy for City Council					n/a	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act Blue actblue.com			Forsyth County Democratic Party			
			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	
					\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KMFCC-CHK	debit card	G	9/8/20	\$250.00	Contribution to Forsyth Demo-	
				\$	cratic Party	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
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					\$ 250.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 299.62	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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)						