

# 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.

<b>1. Committee Information</b>				
<b>a. Full Name</b> GRAY WILSON FOR COUNTY COMMISSIONER			<b>c. ID Number</b> FOR-J24V9V-C-001	
<b>b. Mailing Address (include City, State and Zip Code)</b> 380 KNOLLWOOD ST WINSTON SALEM, NC 27103			<b>d. Date Filed</b> 10/29/2024	
			<b>e. Phone Number</b>	
<b>2. Report Year</b> 2024 <b>3. Period Start Date (mm/dd/yy)</b> 7/1/2024 <b>4. Period End Date (mm/dd/yy)</b> 10/19/2024 <b>5. Treasurer Full Name</b> Collin McMichael				
<b>6. Type of Committee (Check One)</b> <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund			<b>9. Type of Report (check only one type of report from one category)</b>	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b>				
<b>11. Account Information</b>			<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> Truist Bank			<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> Checking			<b>b. Purpose</b> Checking	
<b>c. Account Code</b> 01			<b>c. Account Code</b>	
<b>d. Period Begin Balance</b> \$			<b>d. Period Begin Balance</b> \$	
<b>CERTIFICATION</b>				
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.				
Collin McMichael			10/29/2024	
Printed Name of Signer			Signature of Appointed Treasurer	
			Date	
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____		Employee: _____		<b>Delivery Method</b>
Date Postmarked: _____		Employee: _____		<input type="checkbox"/> Normal Mail
Date Scanned: _____		Employee: _____		<input type="checkbox"/> Registered Mail
Date Data Entered: _____		Employee: _____		<input checked="" type="checkbox"/> Hand Delivered
				<input checked="" type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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.				

PO Box 97275  
Raleigh, NC 27624

**CERTIFIED MAIL**



9589 0710 5270 0320 8335 52

U.S. POSTAGE IMI  
\$5.58  
FCML RDC 99  
Orig: 27587 M8  
Dest: 27101  
10/29/24  
S2322T501283 2000652525 20



**CPU**



FORSYTH COUNTY  
BOARD OF ELECTIONS  
2024 OCT 31 PM 2:27  
**RECEIVED**

Forsyth County Board of Elections  
201 N. Chestnut Street  
Winston-Salem, NC 27101

27101-412001

