

# Disclosure Report Cover

Amendment  
 Yes  No

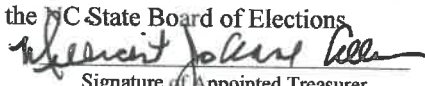
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information

<b>1. Committee Information</b>	
<b>a. Full Name</b> COMMITTEE TO ELECT JOANNE ALLEN MAYOR	<b>c. ID Number</b> 1
<b>b. Mailing Address (include City, State and Zip Code)</b> P.O. BOX 284 WINSTON-SALEM, NC 27102	<b>d. Date Filed</b> 1/25/2024
	<b>c. Phone Number</b> 336-602-5369

<b>2. Report Year</b> 2023	<b>3. Period Start Date (mm/dd/yy)</b> 12/11/2023	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2023	<b>5. Treasurer Full Name</b> MILLICENT JOANNE ALLEN
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>		<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<b>Referendum</b>
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund				<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input 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"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input checked="" type="checkbox"/> Year End	Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	Year End	
		<input type="checkbox"/> Special	Final	
			Special	
<b>8. Number of Fundraisers this Report</b> 0				

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> BANK OF AMERICA		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> COMMITTEE FUNDS	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 0		<b>d. Period Begin Balance</b> \$

**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  
MILLICENT JOANNE ALL  
 Printed Name of Signer  12/25/2024  
 Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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: _____	

**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	
Committee to Elect JoAnne Allen Mayor		Organizational			
Start of Election Cycle: <b>January 1, 2021</b>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 5.00	\$ 5.00		
6) Contributions from Individuals	(CRO-1210)	\$ 0.	\$ 0		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 1,500.00	\$ 1,500.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,505.00	\$ 1,505.00		
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures (CRO-1315)					
15) Loan Repayments (CRO-1420)					
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)		\$ 0	\$ 0		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,505.00	\$ 1,505.00		
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (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)		\$	\$		
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$		
28) Contributions to be Refunded (CRO-1215)		\$	\$		

# Aggregated Contributions from Individuals

Page

1 of 1

Amendment  Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)		2. ID Number				
ELECT JOANNE ALLEN FOR MAYOR						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Cash	FILING FEE	01/21/2023	\$ 5.00	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>					\$ 5.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 5.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 5.00	

# Loan Proceeds

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

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT JOANNE ALLEN MAYOR					
<b>3. Lender Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOANNE ALLEN P.O. BOX 284 WINSTON-SALEM, NC 27102		N/A			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		SELF-EMPLOYED		11/17/2023	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		1	CHECK	\$ 1,500.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$ 1,500.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					