

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 Tim Andrew for School Board	c. ID Number FCZVZ4
b. Mailing Address (include City, State and Zip Code) 3719 VILLAGE SPRINGS DR HIGH POINT, NC 27265	d. Date Filed 1/31/21
	e. Phone Number 336 880 8308

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 10/1/2021	4. Period End Date (mm/dd/yy) 12/31/2021	5. Treasurer Full Name T. ANDREW
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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 type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name TriLiant Federal Credit Union		a. Financial Institution Full Name	
b. Purpose All campaign expenses	c. Account Code 1	b. Purpose	c. Account Code
	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.

Timothy P Andrew [Signature] 2/1/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	RECEIVED 2/1/2022	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:	GUILFORD ELECTIONS	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

JAN 31 2022 *CPO*

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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
Tim Andrew for School Board	Organizational	
Start of Election Cycle: January 1, <u>2022</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1000.00	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1025.00	\$ 1025.00
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1133.69	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
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)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 891.31	\$
ADDITIONAL INFORMATION		
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)	\$	\$

Contributions from Individuals

JAN 31 2022

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Amendment
 Yes No

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

Contributor Information					
<input type="checkbox"/> <input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Wanda Thomas 4336 Twisting Creek Dr High Point NC 27265		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Retired		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		1/25/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
<input type="checkbox"/> <input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rebecca Whitehead 3017 Ingleside Dr High Point NC 27265		Sales			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Club Pilates		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		9/23/2021	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
<input type="checkbox"/> <input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Geoffrey Beaston 1214 Suncrest Dr High Point NC 27265		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Retired		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		12/13/2021	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 650.00
					\$ 1025.00

Disbursements

JAN 31 2022 Pg 1 of 1

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Name (and Funded Applicant)
 Tim Andrew For School Board

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) Guilford County Board of Elections P.O. Box 3427 Greensboro NC 27402	b. Coordinated Committee Name	d. Comments Filing fees
	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 \$ 227.00

f. Account Code	g. Form of Payment Check	h. Purpose Code H	i. Date (mm/dd/yyyy) 12/7/2021	j. Amount \$ 227.00	k. Required Remarks
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Office Dept 3900 Bram Jordan Place High Point NC 27265	b. Coordinated Committee Name	d. Comments Printing flyers
	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 \$ 144.69

f. Account Code	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy)	j. Amount \$ 144.69	k. Required Remarks
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Daley Professional Web Solutions P.O. Box 402 Montgomery NY 12549	b. Coordinated Committee Name	d. Comments Website
	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 \$ 663.00

f. Account Code	g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks
				\$	

Total of all Operating Expenses	\$ 1034.69
Total of all Contributions to Candidates/Political Committees	\$
Total of all Coordinated Party Expenditures	\$

Expenditure Codes (see detailed explanation on reverse of form):

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			