

# 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

5. Full Name <b>Tim Andrew for School Board</b>		ID Number
6. Mailing Address (include City, State and Zip Code) <b>3719 Village Springs Dr High Point NC 27265</b>		7. Date <b>5/1/2022</b>
		8. Phone Number <b>336 880 8308</b>

<b>2022</b>	<b>01/01/2022</b>	<b>04/30/2022</b>	<b>Timothy P Andrew</b>
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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a. Financial Institution Full Name <b>TriLamb Federal Credit Union</b>		a. Financial Institution Full Name	
b. Purpose <b>Committee Funds</b>	c. Account Code <b>1</b>	b. Purpose	c. Account Code
d. Period Begin Balance <b>\$ 922.03</b>		d. Period Begin Balance <b>\$</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.

Timothy P Andrew Printed Name of Signer      Timothy P Andrew Signature of Appointed Treasurer      5/1/2022 Date

**FOR OFFICE USE ONLY**

Date Received:	<b>RECEIVED</b>	Employee:	
Date Postmarked:	<b>MAY 01 2022</b>	Employee:	
Date Scanned:	<b>GUILFORD COUNTY</b>	Employee:	
Date Data Entered:	<b>BOARD OF ELECTIONS</b>	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 a 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	
Tim Andrew for School Board		1st Quarter			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 411.75		\$	
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 3100.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
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)		\$ 3100.00		\$	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2410.39		\$	
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)		\$ 2410.39		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1101.34		\$	
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**

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Tim Andrew for School Board						
<b>3. Contributor 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>	
Wanda Thomas 4336 Twisting Creek Dr High Point NC 27265			Retired			
			<b>c. Employer's Name/Specific Field</b> Retired			
					<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Check		01/25/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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>	
Michael Amos 1102 Shalmer Ct High Point NC 27262			Advancement Officer			
			<b>c. Employer's Name/Specific Field</b> High Point University			
					<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Credit Card		02/10/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor 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>	
Michelle Rainey 4226 Sunburst Drive High Point NC 27265			Retired			
			<b>c. Employer's Name/Specific Field</b> Retired			
					<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Check		03/07/2022	\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 3100.00	
<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
Tim Andrew for School Board						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Timothy P Andrew 3219 Village Springs Dr High Point NC 27265			Project Manager			
			c. Employer's Name/Specific Field GDMS			
			e. Election Sum to Date		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		03/30/2022	\$ <del>8200.00</del> 8200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Susan Tysinger 801 Blanton Place Greensboro NC 27408			Retired			
			c. Employer's Name/Specific Field Retired			
			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"/>		Check		04/13/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Krisdeena Reeser 2621 Glasshouse Rd Jamestown NC 27282			Clerk			
			c. Employer's Name/Specific Field Tetra Logistics			
			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"/>		Cash		04/18/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2200.00	
5. Total of ALL CRO-1210 Pages					\$ 3100.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# 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)						ID Number
Tim Andrew For School Board						
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Ann Sapp 1216 Briarcliff Road Greensboro NC 27408			Community Volunteer			
			c. Employer's Name/Specific Field			
			None	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"/>		Credit Card		04/21/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Blair Kopp 1 Chowan Road Greensboro NC 27407			Retired			
			c. Employer's Name/Specific Field			
			Retired	e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Credit Card		04/29/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
			c. Employer's Name/Specific Field			
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 600.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 3100.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

Amendment  
 Yes  No

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

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	c. Level Registered (Specify)		d. Comments
Office Depot 3900 Brian Jordan Pl High Point NC 27265				<input type="checkbox"/> Federal	<input 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	
	Debit card	B	01/17/2022	\$ 144.69	Printing of maps	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	c. Level Registered (Specify)		d. Comments
Sir Speedy 602 B Edwardia Dr Greensboro NC 27409				<input type="checkbox"/> Federal	<input 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	
	Debit card	B	03/02/2022	\$ 210.51	Printing of 3x5 cards	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	c. Level Registered (Specify)		d. Comments
Sir Speedy 602 B Edwardia Dr Greensboro NC 27409				<input type="checkbox"/> Federal	<input 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	
	Debit	B	03/05/2022	\$ 169.73	Printing of 5x7 cards	
				\$		
				\$ 524.93		
				\$ 2410.39		

(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)

- 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

**Disbursements**

Amendment  
 Yes  No

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

<p><u>Tim Andrew for School Board</u></p>					
<p><input checked="" type="checkbox"/> Operating Expenses    <input type="checkbox"/> Contributions to Candidates/Political Committees    <input type="checkbox"/> Coordinated Party Expenditures</p>					
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p><u>Sir Speedy</u>  <u>602 B Edwardia Dr</u>  <u>Greensboro NC 27409</u></p>		<p>b. Coordinated Committee Name</p>		<p>d. Comments</p>	
<p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:</p>		<p>e. Election Sum to Date</p> <p>\$</p>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Debit Card</u>	<u>B</u>	<u>03/21/2022</u>	<u>\$ 249.53</u>	<u>Reprint of cards</u>
				\$	
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p><u>Arrowhead Graphics</u>  <u>508 Houston St</u>  <u>Greensboro NC 27401</u></p>		<p>b. Coordinated Committee Name</p>		<p>d. Comments</p>	
<p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:</p>		<p>e. Election Sum to Date</p> <p>\$</p>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Debit Card</u>	<u>B</u>	<u>04/02/2022</u>	<u>\$ 1611.93</u>	<u>Yard Signs</u>
				\$	
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p><u>Guilford County Board of Elections</u>  <u>P.O. Box 3427</u>  <u>Greensboro NC 27402</u></p>		<p>b. Coordinated Committee Name</p>		<p>d. Comments</p>	
<p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:</p>		<p>e. Election Sum to Date</p> <p>\$</p>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Check</u>	<u>B</u>	<u>04/08/2022</u>	<u>\$ 24.00</u>	<u>District Maps</u>
				\$	
<p>Additional Totals Page</p> <p>(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)</p>					<p>\$ <u>1885.46</u></p> <p>\$ <u>2410.39</u></p>
<p>Legend:</p> <p>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</p>					