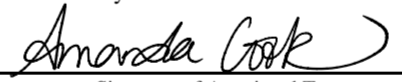


**Disclosure Report Cover**

Amendment  
 Yes  No

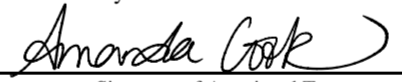
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

<b>1. Committee Information</b>				
a. Full Name AMANDA COOK			c. ID Number 4CZC69	
b. Mailing Address (include City, State and Zip Code) 707 OVERBROOK DRIVE HIGH POINT, NC 27262			d. Date Filed 5/10/22	
			e. Phone Number (336) 754-9662	
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 3/9/22	4. Period End Date (mm/dd/yy) 5/10/22	5. Treasurer Full Name AMANDA COOK	
<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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <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>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input checked="" 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		
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				
<b>11. Account Information</b>		<b>11. Account Information</b>		
a. Financial Institution Full Name STATE EMPLOYEES CREDIT UNION		a. Financial Institution Full Name		
b. Purpose CAMPAIGN FUNDS	c. Account Code I	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
<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.				
AMANDA COOK Printed Name of Signer		 Signature of Appointed Treasurer		5/10/22 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<p><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.</p>				

**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>				
a. Full Name			c. ID Number	
AMANDA COOK			4CZC69	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
707 OVERBROOK DRIVE HIGH POINT, NC 27262			5/10/22	
			e. Phone Number	
			(336) 754-9662	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	3/9/22	5/10/22	AMANDA COOK	
<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 <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>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 Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>			<b>State/County</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>			<b>10. Special Report Name</b>	
0				
<b>11. Account Information</b>			<b>11. Account Information</b>	
a. Financial Institution Full Name			a. Financial Institution Full Name	
STATE EMPLOYEES CREDIT UNION				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FUNDS	I			
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
<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.				
AMANDA COOK Printed Name of Signer		 Signature of Appointed Treasurer		5/10/22 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail		
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered		
		<input 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.				

**Detailed Summary**

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>	<b>3. ID Number</b>
ELECT AMANDA COOK		QUARTER 2	4CZC69
<b>Start of Election Cycle: January 1, 2022</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 0	\$ 0
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$ 123.79	\$ 123.79
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 5796.62	\$ 5796.62
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$ 750.00	\$ 750.00
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$	\$
<b>9) Loan Proceeds (CRO-1410)</b>		\$	\$
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$	\$
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$	\$
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$	\$
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$	\$
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$	\$
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$ 6,670.41	\$ 6,670.41
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures (CRO-1310)</b>		\$	\$
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$	\$
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$	\$
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$	\$
<b>15) Loan Repayments (CRO-1420)</b>		\$ 207	\$ 207
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$	\$
<b>17) In-Kind Contributions (CRO-1510)</b>		\$	\$
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 207	\$ 207
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 6,463.41	\$
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$	\$
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$	\$
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$	\$
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$	\$
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$	\$
<b>25) Administrative Support (CRO-1710)</b>		\$	\$
<b>26) Forgiven Loans (CRO-1440)</b>		\$	\$
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$	\$
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$	\$



**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>	
ELECT AMANDA COOK						
<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>
STEPHAN OSTRANDER 909 MAPLEWOOD COURT WINSTON SALEM, NC 27103				SENIOR DIRECTOR		
				<b>c. Employer's Name/Specific Field</b>		
				101 GROUP CONSULTING		<b>e. Election Sum to Date</b>
						\$ 96.62
<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"/>	I	PAYPAL		3/23/22	\$ 96.62	
<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>
DEENA HAYES-GREENE 454 GORRELL STREET GREENSBORO, NC 27406				CONSULTANT		
				<b>c. Employer's Name/Specific Field</b>		
				RACIAL EQUITY INSTITUTE		<b>e. Election Sum to Date</b>
						\$ 500.00
<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"/>	I	ACTBLUE		3/28/22	\$ 500.00	
<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>
JENNIFER SCHAAL 7928 BAYFIELD LANE GREENSBORO, NC 27455				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"/>	I	ACTBLUE		3/31/22	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 696.62	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5796.62	

**Contributions from Individuals**

Pg 2 of 2

Amendment  Yes  No

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>	
ELECT AMANDA COOK						
<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>
NAHELANI WEBSTER PARSONS 2545 HILLWOOD DRIVE MAPLEWOOD, MN 55119				SELF-EMPLOYED		
				<b>c. Employer's Name/Specific Field</b>		
				SELF-EMPLOYED		<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"/>	I	ACTBLUE		4/9/22	\$ 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>
PARESH GALA 15526 WATERFRONT DRIVE HUNTERSVILLE, NC 28078				SENIOR IT MANAGER		
				<b>c. Employer's Name/Specific Field</b>		
				MATTRESS FIRM		<b>e. Election Sum to Date</b>
						\$ 5000.00
<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"/>	I	CHECK		4/30/22	\$ 5000.00	
<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>
				<b>c. Employer's Name/Specific Field</b>		
						<b>e. Election Sum to Date</b>
						\$
<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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 5100.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5796.62	

**Contributions from Political Party Committees**

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
ELECT AMANDA COOK				4CZC69	
<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. Comments</b>	
NC DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603					
				<b>c. Election Sum to Date</b>	
				\$ 75 <sup>0</sup>	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
		VOTERFILE ACCESS	3/24/22	\$ 75 <sup>0</sup>	
				\$	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 75 <sup>0</sup>	
<b>5. Total of ALL CRO-1220 Pages</b> <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 75 <sup>0</sup>	

### Loan Repayments

Use this form to report payments on an existing loan.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>
ELECT AMANDA COOK				4CZC69
<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. Comments</b>
AMANDA COOK 707 OVERBROOK DRIVE HIGH POINT, NC 27262				
				<b>c. Original Loan Date</b>
				2/24/22
				<b>d. Original Loan Amount</b>
				\$ 207
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>
\$ 207	1	CHECK	3/24/22	\$ 207
\$				\$
<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. Comments</b>
				<b>c. Original Loan Date</b>
				<b>d. Original Loan Amount</b>
				\$
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>
\$				\$
\$				\$
<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. Comments</b>
				<b>c. Original Loan Date</b>
				<b>d. Original Loan Amount</b>
				\$
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>
\$				\$
\$				\$
<b>4. Total only this Page</b>				\$ 207
<b>5. Total of ALL CRO-1420 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 207