

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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

a. Full Name <b>Tim Andrew for School Board</b>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>3719 Village Springs Dr High Point NC 27265</b>		d. Date Filled <b>NOV 01 2022</b>
		e. Phone Number

<b>2022</b>	<b>07/13/2022</b>	<b>10/28/2022</b>	<b>Timothy P Andrew</b>
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<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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	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
<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 checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

a. Financial Institution Full Name <b>Truiliants 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>\$ 1963.84</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      [Signature]      10/31/2022  
Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: **RECEIVED** Employee: \_\_\_\_\_

Date Postmarked: **NOV 01 2022** Employee: \_\_\_\_\_

Date Scanned: **GUILFORD COUNTY BOARD OF ELECTIONS** Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filled  
 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 account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

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

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

Tim Andrew for School Board		3rd Quarter	
Start of Election Cycle:	January 1,	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1963.84	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2589.85	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1000.00	\$
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3589.85	\$
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4924.46	\$
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)		\$ 416.98	\$
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>Tim Andrew for School Board</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Scott Gocnall 101 Morgnac Rd Apt F303 Chester town MD 21620			VP			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			BADN Enterprises LLC		\$ 94.85	
<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"/>		Card		07/09/2022	\$ 94.85	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Geoff Beaston 1214 Suncrest Dr High Point NC 27265			Retired			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			Retired		\$ 142.40	
<input type="checkbox"/>		Card		07/11/2022	\$ 142.40	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Susan Turner 3007 Willow Oak Drive Greensboro NC 27408			Dental Hygienist			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 47.30	
<input type="checkbox"/>		Card		07/22/2022	\$ 47.30	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total on this page</b>					\$ 284.55	
<b>5. Total of All Contributions</b>					\$ 2589.85	

# Contributions from Individuals

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

<input type="checkbox"/> <input type="checkbox"/>					
Tim Andrew for School Board					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Elena Wachendorfer 5705 Snow Hill Dr Summerville NC 27358			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 47.30
<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"/>		Card		07/23/2022	\$47.30
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Susan Shepard 2686 NC 62 East Liberty NC 27298			c. Employer's Name/Specific Field		e. Election Sum to Date \$23.53
<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"/>		Card		07/23/2022	\$23.53
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Julie Buchanan 3804 Madison Ave			SAHM c. Employer's Name/Specific Field N/A		e. Election Sum to Date \$ 94.85
<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"/>		Card		07/23/2022	\$ 94.85
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 165.68
					\$

# Contributions from Individuals

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sheila Crothlis 3701 Wignewood Dr Greensboro NC 27408					
		c. Employer's Name/Specific Field	e. Election Sum to Date		
			\$ 47.30		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Card		07/23/2022	\$ 47.30
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

  

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Dreama Miller 6412 Clubside Drive Whitsett NC 27377		Project Manager			
		c. Employer's Name/Specific Field	e. Election Sum to Date		
		GDMS	\$ 94.85		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Card		07/25/2022	\$ 94.85
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

  

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jean Hasivgame 101 Castleton Place Jamestown NC 27282		Photographer			
		c. Employer's Name/Specific Field	e. Election Sum to Date		
		Self	\$ 47.30		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Card		08/11/2022	\$ 47.30
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

  

					\$ 189.45
					\$

# Contributions from Individuals

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

Contributions from Individuals						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Scott Hrinko 706 Meadowood Dr Burlington NC 27215			Tech Manager			
			c. Employer's Name/Specific Field GDMS			
					e. Election Sum to Date \$ 46.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Card		09/09/2022	\$ 46.35	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributions from Individuals						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Holmquist 4902 Towne Ridge Dr Greensboro NC 27455			Retired			
			c. Employer's Name/Specific Field Retired			
					e. Election Sum to Date \$ 18.77	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Card		10/13/2022	\$ 18.77	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributions from Individuals						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Fran Rafanovic 1589 Skect Club Rd Ste 102 High Point NC 27265			Retired			
			c. Employer's Name/Specific Field Retired			
					e. Election Sum to Date \$ 285.05	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Card		10/15/2022	\$ 285.05	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total Contributions					\$ 350.17	
5. Total of all contributions					\$	

# Contributions from Individuals

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

3. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Pat Byrd 5910 Bartlett Dr Greensboro NC 27406			Office Manager		
			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		08/06/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Michelle Ramey 4226 Sunburst Dr High Point NC 27265			Educator		
			c. Employer's Name/Specific Field		
			Retired		
					e. Election Sum to Date
					\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		08/30/2022	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Cynthia Hammer 2404 Philadelphia Lake Ct Greensboro NC 27408			Senior Recruiter		
			c. Employer's Name/Specific Field		
			Extreme Networks		
					e. Election Sum to Date
					\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		08/25/2022	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Contributions					\$ 400.00
Total In-Kind Contributions					\$

# Contributions from Individuals

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

Contributions from Individuals						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Kathleen Flanigan 4601 Champagne Dr Greensboro NC 27410				Retired		
				c. Employer's Name/Specific Field		
				Retired		
				e. Election Sum to Date		
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		09/27/2022	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Marvin Bogystawski 6414 Woodmont Rd Jamestown NC 27282				Manager		
				c. Employer's Name/Specific Field		
				Syngeba		
				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		09/12/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Nancy Tellekamp 140 C Old Mill Road High Point NC 27265				Educator		
				c. Employer's Name/Specific Field		
				Retired		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		09/16/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total Contributions					\$ 400.00	
5. Total Contributions					\$	

# Contributions from Individuals

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

2. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Kathryn Peascoe 2524 N Beech Greensboro NC 27455			Senior PM		
			c. Employer's Name/Specific Field GDMS		
					e. Election Sum to Date \$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		08/24/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Douglas Ford 6106 Westwood Dr Greensboro NC 27410					
			c. Employer's Name/Specific Field		
					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		09/20/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contribution Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Greater Greensboro Republican's Women's Club P.O. Box 4494 Greensboro NC 27404					
			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"/>		Check		09/10/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this page					\$ 800.00
5. Total on this CRO 1205					\$

# Contributions from Other Political Committees

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from other candidate, referendum or PAC committees

<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. Type of Committee</b>		<b>d. Comments</b>
NC Realtors PAC 4511 Weybridge Lane Greensboro NC 27407			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
	Check		10/05/2022	\$ 1000.00	
				\$	
				\$	
<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. Type of Committee</b>		<b>d. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. 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. Type of Committee</b>		<b>d. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 1000.00	
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 3 of Detailed Summary Page CRO-1100)				\$ 1000.00	

**Disbursements**

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

1. Committee Full Name <b>Tim Andrew for School Board</b>						2. Number	
3. Type of Disbursement <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Bulldog Printing 1310 Beaman Place Greensboro NC 27408</b>				b. Coordinated Committee Name		d. Comments	
				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 \$	
f. Account Code <b>A</b>	g. Form of Payment <b>Card</b>	h. Purpose Code <b>A,B</b>	i. Date (mm/dd/yyyy) <b>07/19/2022</b>	j. Amount <b>\$ 758.46</b>	k. Required Remarks <b>Palm cards, T-shirts</b>		
4. Payee Information <input type="checkbox"/> <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Apex Political Consulting &amp; Marketing LLC 400 Gold Ave SW Ste 650 Albuquerque NM 87102</b>				b. Coordinated Committee Name		d. Comments	
				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 \$	
f. Account Code	g. Form of Payment <b>Card</b>	h. Purpose Code <b>A</b>	i. Date (mm/dd/yyyy) <b>10/20/2022</b>	j. Amount <b>\$ 1500.00</b>	k. Required Remarks <b>Texting</b>		
4. Payee Information <input type="checkbox"/> <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Snap Publications LLC 201 N Elm St, 200 Greensboro NC 27401</b>				b. Coordinated Committee Name		d. Comments	
				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 \$	
f. Account Code	g. Form of Payment <b>Card</b>	h. Purpose Code <b>A</b>	i. Date (mm/dd/yyyy) <b>08/22/2022</b>	j. Amount <b>\$ 200.00</b>	k. Required Remarks <b>Media advertising</b>		
5. Total only this Page						\$ <b>2458.46</b>	
6. Total of ALL CRO-1310 Pages (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)						\$ <b>4924.46</b>	
7. Purpose Codes (List detailed expenditure code in required remarks field (k))							
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							
* Codes require detailed explanation in required remarks field (k)							

**Disbursements**

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

1. Committee Name <b>Tim Andrew for School Board</b>					
2. Type of Disbursement <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>DRI Signs 1550 S. Gladiola St Salt Lake City UT 84104</b>			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$
f. Account Code	g. Form of Payment <b>Card</b>	h. Purpose Code <b>B</b>	i. Date (mm/dd/yyyy) <b>07/25/2022</b>	j. Amount <b>\$ 59.60</b>	k. Required Remarks <b>Car decals</b>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Existing					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Action Engravers 602 Hickory Ridge Dr Suite 106 Greensboro NC 27409</b>			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$
f. Account Code	g. Form of Payment <b>Card</b>	h. Purpose Code <b>B, F</b>	i. Date (mm/dd/yyyy) <b>08/10/2022</b>	j. Amount <b>\$ 244.46</b>	k. Required Remarks <b>Shirts, magnets</b>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Existing					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>TUC Media LLC 6135 Park South Drive Ste 510 Charlotte NC 28210</b>			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$
f. Account Code	g. Form of Payment <b>Card</b>	h. Purpose Code <b>A</b>	i. Date (mm/dd/yyyy) <b>10/21/2022</b>	j. Amount <b>\$400.00</b>	k. Required Remarks <b>Social media ads</b>
5. Total only this Page					<b>\$ 704.12</b>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$
7. Purpose Codes (List details in required remarks field (k))					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

**Disbursements**

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

1. Committee Full Name (include city, state, & zip)						This will be
Tim Andrew for School Board						
2. TYPE OF Disbursement						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Action Engravers 602 Hickory Ridge Dr Suite 106 Greensboro NC 27409						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 244.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Card	B	10/10/2022	\$ 76.86	Banners	
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Ad Runner Mobile Outdoor Advertising 2555 Williams Rd Lewisville NC 27023						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<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	
	Card	A	10/05/2022	\$ 700.00	Mobile advertising	
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
U.S. Postal Service Post office 2402 Hickwood Rd Unit 104 High Point NC 27245						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<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	
	Card	I	08/03/2022	\$ 84.00	Postage for mailing	
				\$		
5. Total only this Page					\$ 860.86	
6. Total of ALL CRO-1310 Pages					\$	
(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)						
7. Purpose Code: (List detailed expenditure codes in required Remarks field (k))						
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						
* Codes require detailed explanation in required Remarks field (k)						

**Disbursements**

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

Committee Party Name: <u>Tim Andrew for School Board</u>					
Type of Disbursement: <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Sir Speedy</u> <u>602 Edwardia Dr</u> <u>Greensboro NC 27409</u>			b. Coordinated Committee Name _____		d. Comments _____
			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 \$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Card</u>	<u>B</u>	<u>08/29/2022</u>	<u>\$ 341.17</u>	<u>Palm cards</u>
				\$	
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Sir Speedy</u> <u>602 Edwardia Dr</u> <u>Greensboro NC 27409</u>			b. Coordinated Committee Name _____		d. Comments _____
			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 \$ <u>341.17</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>Card</u>	<u>B</u>	<u>09/23/2022</u>	<u>\$ 559.85</u>	<u>Palm cards</u>
				\$	
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="text-align: center;"> <b>RECEIVED</b>                      NOV 01 2022                      GUILFORD COUNTY                      BOARD OF ELECTIONS                 </div>			b. Coordinated Committee Name _____		d. Comments _____
			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 \$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ <u>901.02</u>
6. Total of ALL CRO-1310 Pages					\$ _____
(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)					
7. Purpose Codes					
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					
* Codes require detailed explanation in required remarks field (k)					