

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" 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 David Coates		c. ID Number 5CZ 559	
b. Mailing Address (include City, State and Zip Code) DAVID Coates 612 Brutem Place South Greensboro NC 2740		d. Date Filed JAN 26 2024 1/26/24	
		e. Phone Number 336-314-5367	

2023	12/11/23	12/31/23	John Ivey Eagles, Jr.
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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	Municipal <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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <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 Wells Fargo		a. Financial Institution Full Name	
b. Purpose Campaign expenses	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 0.00		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.

John Eagles John Eagles 1/26/24
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	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: _____	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 David Costes	2023 EOY	SC2 559
Start of Election Cycle: January 1, <u>2024</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0.00	\$ 164.49
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ —	\$ —
6) Contributions from Individuals (CRO-1210)	\$ 419 ⁰⁰	\$ 419 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)	\$ —	\$ —
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 35 ⁵¹	\$ 35 ⁵¹
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)	\$ 219 ⁰⁰	\$ 219 ⁰⁰
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 254 ⁵¹	\$ 254 ⁵¹
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 164 49	\$ 164 49
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

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	
Committee to Elect David Coates						SC2 559	
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	
David Coates 612 Braker Place South Greensboro NC 27410				No Job Title or Profession			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 419 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		12/20/2023	\$ 200 ⁰⁰		
<input type="checkbox"/>	1	check	filing fee	12/11/2023	\$ 207 ⁰⁰		
<input type="checkbox"/>	1	cash	map	12/19/2023	\$ 12 ⁰⁰		
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	
				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"/>					\$		
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	
				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"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

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 (and Fund if applicable)						2. ID Number	
Committee to Elect David Coates						SC2 559	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Wells Fargo						check order	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 35 51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	bank deduction	0	10/26/2023	\$ 35 51			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				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		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				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		
				\$			
				\$			
5. Total only this Page						\$	
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 detailed expenditure code in (h.) above)							
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)							

In-Kind Contributions

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Committee to Elect David Coates		
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Coates 612 Braten Place South Greensboro NC 27410	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 219 ⁰⁰
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	12/11/2023	\$ 207 ⁰⁰
Precinct Map	12/19/2023	\$ 12 ⁰⁰
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
Total In-Kind Contributions: \$		
Total Refunds: \$		