Amendment

Disclosure Report Cover

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.

COMMITTEE TO ELECT TREVONIA BROWN-GAITHER STA-000000-C-001 b. Mailing Address (include City, State and Zip Code) 1031 RICH A VENUE WINSTON SALEM, NC 27101 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Account Information A mancial Institution Full Name STA-000000-C-001 10/31/2022 c. Phone Number 334-149-0344 (c. Phone Number 334-149-0344 (c. Phone Number 334-149-0344 (c. Phone Number 34. Period End Date (mm/dd/yy) 5. Treasurer Full Name 10/21/2022 10/22/2022 10/2/2022	1. Committee Information									
B. Mailling Address (Include City, State and Zip Code) d. Batts Filed 1031 RICH AVENUE WINSTON SALEM, NC 27101 2. Report Year 3. Period Start Dade (mm/dd/yy) 2. Report Year 3. Period Start Dade (mm/dd/yy) 2. Report Year 3. Period Start Dade (mm/dd/yy) 3. Period Start Dade (mm/dd/yy) 4. Period End Dade (mm/dd/yy) 5. Treasurer Fell Name 304-149-034 2. Report Year 3. Period Start Dade (mm/dd/yy) 4. Period End Dade (mm/dd/yy) 5. Treasurer Fell Name 304-149-034 2. Report Year 3. Period Start Dade (mm/dd/yy) 4. Period End End End (mm/dd/yy) 5. Treasurer Fell Name 10/22/2022 10/22/2022 10/22/2022 1ACQUELINE HALE 6. Type of Committee (Check One) 2. Type of Report (check only one type of report from one category) 3. Active County 3. Referendam 4. Pro-Gerendam 5. Pro-Gerendam 6. Thirty-Five day 6. Type of Frand 7. Type of Frand 7. Type of Frand 7. Type of Frand 7. Type of Frand 8. Thirty-Five day 9. Pro-primary 1. First 1. First 1. First 1. First 1. First 1. Second 1. Special 1. S	a. Full Name							c. ID Number		
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WINSTON SALEM, NC 27101 Continue	h. Mailing Address (include	City, State and Zi	o Code)					d. Date Filed		
2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 5. Treasurer Full Name 2022 10/20/202 10/20/202 JACQUELINE HALE 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendam Capplicable, check one) Propose Cognizational Organizational		77101						10/31/2022		
2. Report Year 3. Period Start Date (mm/6d/yy) 2. 202 07/01/202 10/22/2022 JACQUELINE HALE 6. Type of Committee (Check One) 5. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 1. State/County Referendum 1. State/County Referendum 1. State/County Referendum 1. Congunizational Congunization Congunizatio	WINDTON BREEN, INC.	27101						e. Phone Number	-	
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Candidate Campaign Party Municipal State/County Referendum Doint Pundraiser PAC Organizational Organization		k One)	9. Typ	e of Report	(cl	heck only one	type of repe	ort from one catego	rv)	
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Railding Fund	7. Type of Fund (if applie	able, check one)	4-							
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NC Public Campaign Financing Fund		andidates Fund	۳,						- 1	
Other: Other:					.			T special		
Other: Shumber of Fundraisers this Report Special			lii .					10 Special Deposet	Blamas	
8. Number of Fundraisers this Report Special Special	Other:		lii	Final			N.	10. Special Report	LASHING	
3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name FIRST CITIZENS BANK b. Purpose c. Account Code b. Purpose c. Account Code for RECEIPTS AND EXPENSES d. Period Begin Balance s. 2, 059, 39 CERTIFICATION Lectrify 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 ACCUMENT B. HALK B. HA	8. Number of Fundraisers t	his Report	4	Special		(aud	1			
FIRST CITIZENS BANK b. Purpose						Special		3		
FIRST CITIZENS BANK b. Purpose	3. Account Information				3. Acc	ount Informati	on	6	, 20	
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EXPENSES d. Period Begin Balance \$ 2,059,39 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 ACCUMANT ACC	b. Purpose	c. Account Cod	e		b. Purj	ose		c. Account Code		
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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 ACOUSTICE USE ONLY Delivery Method Delivery Method		d. Period Begli	Balan	ce			i i	d. Period Begin Balance		
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Date Delivery Method Date	Chapter 163 of the NC Ger	neral Statutes and	that no	funds are	commi	ngled with prol	nibited or o	ther non-disclosed	- 1	
Printed Name of Signer Signature of Appointed Treasurer Date	funds. Hunther certify the	a this report is co	прие	and c	опесі а	nd that I have	neen trame	ed by the NC State E	ioard	
Date Received: Date Received: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned: Date Scanned: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Date 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.	JACQUELIA Printed Name o	(E.B. HAL	E/	deque	line	Appointed Tres	le		_]	
Date Received: Employee: Delivery Method Normal Mail Date Postmarked: Employee: Hand Delivered Date Scanned: Employee: Electronically Filed Date Data Entered: Employee: 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.		A CIGITAL	1	/ Sign	010001	: ippointed 1 tea	SCE OF	Date	\neg	
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Date Data Entered: Employee: 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-B) to make committee changes.	Date Postmarked:		-	Employ	yee:		- 🗆	Hand Delivered		
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.	Date Scanned:		_	Employ	yee:		- 4	Electronically Filed	- {	
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You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							the comm	ittee address, treasu	гег,	
		end the Statement					e committee		r 2007	

Detailed Summary Use this form to summarize all disclosure repo

Amendment

☐ Yes
☑ No

Use this form to summarize all disclosure reporting forms a	nd to total mo	netary information		Yes M No		
1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. ID N	3. ID Number		
COMMITTEE TO ELECT TREVONIA BROWN-GAITHER						
Start of Election Cycle: January 1,2022		Total this Reporting Perio	d	Total this Election Cycle		
4) Cash on Hand at Start		\$ 2,059.3	_	0.00		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.0	00 \$	0.00		
6) Contributions from Individuals	(CRO-1210)	\$ 700.0	× \$	15,030.10		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	00 \$	0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0	0 \$	0.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.0	0 \$	0.00		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	0 \$	0.00		
11) Other Receipt Sources			TE			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	00 \$	0.00		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	0 \$	0.00		
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	0 \$	0.00		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	0 \$	0,00		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	0 \$	0.00		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11e,	11d and 11c)	\$ 700.0	0 \$	15,030.10		
EXPENDITURES						
13) Disbursements			1 3			
13a) Operating Expenditures	(CRO-1310)	\$ 1,306.50	0 \$	8,608.07		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,400.0	0 \$	1,400.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	0 \$	0.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	0 \$	86.30		
(5) Loan Repayments	(CRO-1420)	\$ 0.00	0 \$	0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	0 \$	2,588.74		
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$	2,294.10		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15.		\$ 2,706.50) \$	14,977.21		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 52.89	\$	52.89		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,294.3	-			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	1000			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	-			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	-	11304613		
25) Administrative Support	(CRO-1710)	\$ 0.00	-	0.00		
26) Forgiven Loans	(CRO-1440)	\$ 0.00	_	0.00		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	-	0.00		
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00) (\$	0.00		

Con	tributions fr	om Individual	S		Pg 1 of 1		Amendmer Ves	nt N No
Use th	is form to report in	ndividual contribution	is over \$50 or c	ontributions	under \$50 if form CRO	120	S is not used	<u>(2)</u> (40
1. Con	omittee Full Name	(and Fund if applical	ble)				ID Number	
COM	MITTEE TO ELI	ECT TREVONIA BE	ROWN-GAITH	IER		1	STA-00000	0-C-001
2 C	tributor Informati		pos	9 10049				
	Name, Mailing Ad				Remove /Profession	-		
	ude city, state, & z			D. JOD HEIG	/Profession	d.	Comments	
	AS BROWN SR			-				
	ELTHAN PL			c. Employe	r's Name/Specific Field	1		
	TUR, GA 30033							
(770)	938-6920					e. l	Dection Sun	1 to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	1	k. Amount	
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ш							\$	
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(inclu	ide city, state, & zi	p)		ENGINEE	R-SENIOR PROJECT			
	AM MITCHELL			MANAGE				
	ADRICK LANE	(2)			's Name/Specific Field	1		
СПАК	LOTTE, NC 282	62		BOVIS		e. E	lection Sum	to Date
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. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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							\$	
4. Tot	al only this Pag	ge				\$		700.00
	al of ALL CR		2 000 1100			\$		700,00
		of Detailed Summary P		ard of Election	in the same of the			April 2007
CRO-12	ilu		INC DIRIG ISO	ara at Ercenor	13			rspr11 400 /

Amendment

TO! I					Amendm	ent	
Disbursements	Pg	1	of	I	Yes	133	No
IT A ' A						-	

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

	coordinated party e								
	ull Name (and Fund						2. ID Num		
COMMITTEE	TO ELECT TREV							00000-C-001	
3. Type of Disbu	irsement (Please	use separate CR	0-1310	forms for each	h type of Disbu	rseme	ent.)		
Operating Exp	penses X Conti	ributions to Candida	tes/Polit	ical Committees			ed Party Exp	enditures	
4. Payee Inform				Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Commer	its	
(include city, sta	te, & zip)								
DENISE HART	ISFIELD FOR FOR	SYTH COUNTY	DA]		
PO BOX 17037				The same of the sa	tered (Specify)				
WINSTON-SA	LEM, NC 27116			☐ Federal	[X] County				
				State	☐ Municip	pality:	e. Election	Sum to Date	
				Forsyth			\$	800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks	
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į.		}	1		3				
4. Payee Inform	ation			Add 🔲	Remove	-			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Commen	its	
(include city, sta	te, & zip)								
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SUITE 102				☐ Federal	County:				
	LEM, NC 27106			State	Municip	ality:	e. Election	Sum to Date	
(336) 546-7711				Forsyth \$ 60				600,00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks	
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					\$	ANL	IGNITE		
5. Total only thi	s Page						\$	1,400.00	
6. Total of ALL	CRO-1310 Pages								
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	n line 13b of Detailed S					omm)	\$	1,400.00	
	n line 13c of Detailed S								
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	9	C* - F	undraising	D - To	Anotl	ner Candida	te	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses									
I - Postage	J - Penaltie	S	K* - C	Office Expenses	Q* - D	onatio	n to Legal l	Expense Fund	
O* Other		. 20							
	e detailed explanatio								
CRO-1310		NC S	tate Boa	rd of Elections				December 2009	

The		
	bursemen	te.

				Am	en dan	ent	
Pg	1	of	2		Yes	X	No

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

1. Committee F	ull Name (and Fund	if applicable)	0		VIVE	AND BUILD - TO THE	71669	2. ID N	umber
COMMITTEE	TO ELECT TREV	ONIA BROWN-	GAITH	ER		A SHEAT MARKET			-000000-C-001
						3. 12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	to a contract		ill statum and a state of the section
M Operating Exp	rsement Please	ributions to Candida	tes/Polit	ical Committees	h tyl				Expenditures
4. Payee Inform	ation # //					Hotra A	oruman	Corally 1	expenditures
a. Full Name, Ma	ailing Address & Ph	one	6.53	b. Coordinate	d Co	mmittee N	am e	d. Com	
(include city, sta									
FORSYTH CO	UNTY DEMOCRA	TIC WOMEN							
723 COLISEUN	M DRIVE NW			c. Level Regis	tere			1	
SUITE 201				Federal		County			
	LEM, NC 27106			State		☐ Municip	pality:	e. Electi	on Sum to Date
(336) 546-7711				Forsyth				\$	90.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
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(include city, sta		5110		D. Coolumnic	u C 0	ministee (4)	ащт	u. Comu	ichts
	WINSTON-SALE	M							
	OOD VILLAGE DR			c. Level Regis	terec	(Specify)			
WINSTON-SALEM, NC 27106				Federal County:					
(336) 499-2660				☐ State		Municip	ality:	e. Dectio	on Sum to Date
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6. Total of ALL	RO-1316 Pages	The state of the s	ali a Alfa.	A THE PARTY	1.43 意	177.35			
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	des (List detailed o			the state of the party of the party of the					And the second
A* - Media E - Salaries	B* - Printing	*		ndraising				er Candio	
- Salaries - Postage	F* - Equipme	est.		tical Party					ffice Expenses
O* Other	J - Penalties	1	n" - U1	fice Expenses		Q* - Do	nation	to Lega	Expense Fund
	detailed explanation	in required reme	rks fi	ld (lo)	500	To Jan 1		A 44 M	THE PERSON NAMED IN
CDO 1210	The personal section of the section		sa kaomin'i America		-				the state of the s

Disbursement	S
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			Amendment						
Pg	_2_	of	2		Yes	X No			

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

1. Committee F	full Name (and Fund				VIII S		C (10) 18	220000	
	TO ELECT TREV		GAITH	ER					000000-C-001
STATE A CONTRACT		Water W. Compt. 1 (1974) S. A. W. A. W. S.	New York States and						
	urs eme nt (Please					and the second second	4 44 4 44		
M Operating Ex	A COURT	ributions to Candida				☐ Co	ordina	ted Party Ex	kpenditures
4. Payee Inform	nation 🔻 💮 🦟	W. PACIFICAL		Add D	Ren	nove 🔭 🤭	gle are	ALTER	7. ************************************
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Comm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(include city, st	ate, & zip)								
WENTZ MEM	ORIAL UNITED C	HURCH OF CHR	IST						
3435 CARVER	SCHOOL ROAD			c. Level Regis	terec	(Specify)		1	
WINSTON-SA	LEM, NC 27105			☐ Federal		County	:	1	
(336) 722-0430)		☐ State		Munici	pality:	e. Dection	n Sum to Date	
								\$	800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	marks
1977	Check	0		9/04/2022	\$	800.00	СН	JRCH DO	NATION
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	Service Control of the Control of th				3				
5. Total only thi	s Page " ***********************************	A SHADI	W. Ju	6/9% FALTS-07/	Taring to		1794	\$	800.00
6. Total of ALL	CRO-1310 Pages	Carry's New	本自己是是	The state of the	April 1918;	W 197	20 S		
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	odes (List detailed					120 g 2 4 6			
A* - Media	B* - Printin			undraising		D-To	Anotl	her Candid	ate
E - Salaries	F* - Equipme	ent		litical Party					ffice Expenses
I - Postage	J - Penaltie	S		ffice Expenses	•				Expense Fund
O* Other					-				Inner I and
Codes require	e detailed explanatio	n in required ren	arks fi	eld(k)					
CRO-1310		NC S	ate Boar	rd of Elections					December 2009

				Amendment				
Pg	_1_	of	_1_	☐ Yes	5.4	No		

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commit	ttee Full Name (and Fund if applica	2. ID Numb	er					
COMMIT	TTEE TO ELECT TREVONIA B	STA-000000-C-001						
3. Lender	Information	☐ Add	Remov	re Table				
	ne, Mailing Address & Phone city, state, & zip)	b. Jo	b. Job Title/Profession			d. Comments		
	IIA BROWN-GAITHER H AVENUE				e. Start Date (mm/dd/yyyy) 03/04/2022			
WINSTON-SALEM, NC 27101 (336) 682-3941		e. En	c. Employer's Name/Specific Field					
					f. End Date	(mm/dd/yyyy)		
g. Rate	h. Security Pledged		î. Orîginal Loan Amount		j. Remaining Loan Balance			
%			\$	1,294.37	\$	1,294.37		
k. Full Nau	ne of Lending Institution	l. Loan Number						
4. Total	only this Page	the to the state of the state o	t data this literature.	arana waraka wa ki i	\$	1,294.37		
5. Total	of ALL CRO-1430 Pages must be on line 21 of Detailed Summa.	ry Page CRO-110	0)		\$	1,294.37		
CRO-1430		NC State Board	NAMES AND ASSESSMENT OF THE PARTY OF THE PAR		28	December 2007		