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.

1. Committee Info	The second se					
a. Full Name						c. ID Number
Kevin Mund	dy for City C	Council				n/a
b. Mailing Address (in	nclude City, State	and Zip Code)	0-77-98/2010-99-99-99-99-99-99-99-99-99-99-99-99-99			d. Date Filed
1100 Hudgins Hill						7/21/2022
Ct.Winston		;				e. Phone Number
27103						336-918-0259
2. Report Year 3.	Period Start	Date (mm/dd/y	y) 4. Period E	and Date (mm/dd/yy)	5. Treasure	r Full Name
2022	01/01/20		06/30/			G. Mundy
6. Type of Comm					e type of repo	rt from one category)
Candidate Campa	_	rendum	Municipal Organizationa	State/County	ional	Referendum Organizational
Independent Expe		Fundraiser	Thirty-five day			Pre-referendum
Legal Expense Fu		li	Pre-primary	🗖 First	:	Final
			Pre-election			Supplemental Final
Tipe of Lund (5 PP		Pre-runoff Semi-annual	Thir Four		Annual Special	
Building Fund			Mid Yea			
			Year End			10. Special Report Name
Other:	Justana this	Damont	Final	Year Year	r End	
8. Number of Fun O	idraisers this.	Keport	Special			
11. Account Infor	mation			11. Account Inform	nation	3 9
a. Financial Institutio				a. Financial Institution		- 12 K.S
Truist						contract cont contrac
b. Purpose		c. Account Cod	e	b. Purpose		c. Account Code 🔊
Account for	reciepts	KMFCC	-CHK			
& disbursem	ent of	d. Period Begin	Balance			d. Period Begin Balance
campaign		\$1,572.9	1			\$ 0 3
CERTIFICATIO	N					6
I certify that the C	ommittee or Fur	id is in complia	nce with all appl	icable provisions of A	rticle 22A, 22H	3 & 22D-22M of Chapter 163
						unds. I further certify that this
report is complete	, true and correc	t and that I have	e been trained by	the NC State Board of	f Elections.	_ / /
Kevi	n G. I	Munch	1 Ar	n E.M	n	7/21/22
the second se	nted Name of Sign	er	Sig	nature of Appointed Trea	surer X	Date
FOR OFFICE U	SE ONLY	/			0	· General 1
Date Received	l:		Employ	yee:		ivery Method Normal Mail
Date Postmarl	ked:		Employ	yee:	- 8	Registered Mail Hand Delivered
Date Scanned			Employ	yee:		Electronically Filed
Date Data Ent	ered:		Employ	yee:	_	Signer has not received mandatory training
Please Note						mittee address, treasurer,
_				s information, or acc		
	u must amend	the Statement	and the second s	n (CRO-2100A-E) to	o make comn	
CRO-1000			INC State Boa	rd of Elections		August 2008

Detailed Summary

Amend	ment		
	es	X	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 Mid Year 2022 Kevin Mundy for City Council n/a Total this **Total this** 2022 Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start 1.572.91 \$ \$ RECEIPTS \$ 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ \$ 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) \$ 0 \$ 0 **EXPENDITURES** 13) Disbursements **13a) Operating Expenditures** (CRO-1310) \$ 130.21 \$ 130.21 55.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 55.00 **13c)** Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ \$ **15) Loan Repayments** (CRO-1420) \$ 500.00 500.00 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) 685.21 \$ \$ 685.21 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 887.70 \$ \$ 887.70 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 500.00 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) \$ \$

CRO-1100

of <u>3</u>

Amendment Yes

 \boxtimes No

Disbursements Pg 1 Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Il Name (and Fund	the second se						2. ID Number
	Ill Name (and Fund	i ii appucabie)	_					n/a
Kevin Mundy fo	TENEX POLICE	CA HOA CANANAA C	PO	-1310 forms for each	tun	e of Dishursem	ent.)	
3. Type of Disbu		Contributions to Cor	dida	ates/Political Committees	- 40		ordinate	d Party Expenditures
Operating Ex			_	dd		Remove		
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a. Full Name, Mailin			U.	COVI UIHAIGU COMMINICU I				
(include city, state, d	k zip)							
Hewkett Packard				Level Registered (Specify)	9			
hp@email.hpcor	mected.com		С. Г	Federal		County:	1	
			ᅣ	State		Municipality:	e. Ele	ection Sum to Date
						wanterparty.		
							\$ 2	22.41
	71 AT	h. Purpose Code	1	i. Date (mm/dd/yyyy)	1	j. Amount	k. Re	quired Remarks
f. Account Code	g. Form of Payment	n. i ui pose Coue	-	1. Date (mm/du/yyyy)	+	j. Amount		ter ink
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	ng Address & Phone		b.	Coordinated Committee	14911		u. C.	r man and to de to or
(include city, state,			-				1	
Hewkett Packar			-	T 10. 1.4. 1/0 10	<i></i>)		-	
hp@email.hpco	nnected.com		c.	Level Registered (Specify		0	-	
			니느	Federal		County:	101	estin - Crum to Doto
			Ľ	State		Municipality:	e. El	ection Sum to Date
							\$	22.41
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4. Payee Inform	nation			vdd]	Remove	1.0	a - monte
a. Full Name, Maili	ing Address & Phone		b	, Coordinated Committee	e man	ne	Q. C	omments
(include city, state,								
Hewkett Packar							-	
hp@email.hpco	nnected.com		C.	. Level Registered (Specify	y)		-	
				Federal	1	County:	-	a o to Dete
				State]	Municipality:	e. El	ection Sum to Date
							\$	22.41
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		J. Amount		ter Ink
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CHK					_		D	nter Ink
KMFCC-	debit card	K		6/8/22	- 1	\$4.27	Pru	Itel IIIK
СНК	doon our						-	22.41
5. Total only th			_		_		\$	22.41
6. Total of ALI	CRO-1310 Pages							
(This line goes in	a line 13a of Detailed Su	mmary Page CRO-11	00 if	(Operating Expenses)	** -*		\$	185.21
(This line goes in	a line 13b of Detailed Su	mmary Page CRO-11	00 if	Contrib to Candidates/Pol	titica	u Comm)		
				Coordinated Party Expend	ditur	res)		
7. Purpose Cod	les (List detailed e						1 ~	1° 1
A* - Media	B* - Printing	C* - Fu	idra	aising		D - To Ano		
E - Salaries	F* - Equipmen	t G - Polit						lic Office Expenses Legal Expense Fund
I - Postage	J - Penalties	K* - Of	ice	Expenses		Q" - Donat	ION LO I	regai inshense Lana
O* - Other		tion in maninal		arks field (b)				
Codes requi	re detailed explana	tion in required	rell	IAI AS LICIU (A)			-	the second s

Amendment Yes

 \boxtimes

No

Disbursements of <u>3</u> Pg <u>2</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	coordinated party ex		-		-			2. ID Number	
	ull Name (and Fund	i if applicable)						n/a	-
Kevin Mundy fo			IDO	10100				11/ 4	
3. Type of Disbu	Charles of the second s	se use separate C	KO-	1310 forms for ed	icn iv	pe of Disbursen	vordinate	ed Party Expenditures	-
Operating Ex		Contributions to Car				Remove	Joruman	a faty Experiment	
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a. Full Name, Mailin	ng Address & Phone		b.	Coordinated Commit	tee na	me	a. C	Juments	-
(include city, state,	& zip)		1						
	Theatre Alliance		-	1 Destational (Com			-		- 1
650 West Sixth			C.]	Level Registered (Spe	city)	County:	-		
Winston-Salem,	NC 27101			Federal	님	•	o Fl	ection Sum to Date	-
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		h. Purpose Code	1	- Data (mm/dd/anan	a	j. Amount	L R	equired Remarks	
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СНК			-		-		101	cx-treasure	-
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(include city, state,			-					postage	
Rodney Windso			-	Level Registered (Sp	a oify)		- 101	postage	
3 E. Sprague St.			с. Г	Federal		County:			
Winston-Salem,	, NC 27103			State		Municipality:	e El	ection Sum to Date	-
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KMFCC-		-		2/2/24		6(2.90	Pos	tage	
CHK	Check 1021	I		3/3/24		\$62.80			
						\$			
						Ф			
4. Payee Inform	nation		A	dd		Remove			
	ing Address & Phone		b.	Coordinated Commi	ttee Na	ame	d, C	omments	_
(include city, state,	-								
			c.	Level Registered (Sp	ecify)				
				Federal		County:			_
			E	State		Municipality:	e. E	lection Sum to Date	
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5. Total only th							Ψ	107.0	
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	n line 13a of Detailed Sur n line 13b of Detailed Sur				/Politi	cal Comm)	\$	185.21	
	n line 130 of Detailed Sur n line 13c of Detailed Sur								
	les (List detailed ex								
7. Purpose Coo A* - Media	B* - Printing	C* - Fur	ndra	ising		D - To Anot	ther Ca	ndidate	
E - Salaries	F* - Equipment					H* - Holdir	ng Pubi	lic Office Expenses	
I - Postage	J - Penalties	K* - Off				Q* - Donat	ion to l	Legal Expense Fund	
O* - Other									
* Codes requi	re detailed explanat	tion in required	rem	arks field (k)		and the family			

01

<u>3</u>

Pg

<u>3</u>

Amendment \boxtimes Yes

No

Disbursements

isburseme	ents report expenditures fi	om the committe	e for: operating	rg exnenses. (contributions to	candidate/political
se this form to r	coordinated party exp	enditures.	e ioi, operating	•••••••••••••		
Committee Fi	Ill Name (and Fund	if applicable)				2. ID Number
Committee Fu	r City Council					n/a
Type of Disbu		e use separate C	RO-1310 forms	for each ty	pe of Disbursen	nent.)
Operating Ex		Contributions to Can	didates/Political Co	mmittees		pordinated Party Expenditures
Payee Inform	-		Add		Remove	
	ng Address & Phone		b. Coordinated (me	d. Comments
nclude city, state, d			The Dan Bess	e Coomit		
Dan Besse for F	orsyth County					
P.O. Box 15306			c. Level Register		0	_
Winston-Salem,	NC 27113		Federal		County:	c. Election Sum to Date
336-775-7877			State		Municipality:	
						\$ 55.00
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Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/o	iu/yyyy)	J. Amount	Dan Besse for
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CHK						
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	ing Address & Phone					
include city, state,	a ap)		1			_
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			State		Municipality:	e. Election Sum to Date
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	ling Address & Phone		-			
(include city, state	e, & zip)		-			
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			State		Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm	/dd/yyyy)	j. Amount	K. Keymi cu Kemai no
					\$	
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						\$ 55.00
5. Total only t			1. Carl 192			
6. Total of AL	L CRO-1310 Pages in line 13a of Detailed St	mmary Page CRO-1	100 if Overating Ex	penses)		\$ 185.21
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7 Purnose Co	and the second a	C* - Fu	indraising			other Candidate ling Public Office Expenses
	B* - Printing					AND A AND TALKS & PARTA A MANAGEMEN
7. Purpose Co A* - Media E - Salaries	F* - Equipmen	nt G - Pol	itical Party		H* - Hold O* Dom	ation to Legal Expense Fund
A* - Media E - Salaries I - Postage		nt G - Pol	itical Party ffice Expenses		H* - Hold Q* - Dona	ation to Legal Expense Fund
A* - Media E - Salaries I - Postage O* - Other	F* - Equipmen	nt G - Pol K* - O	ffice Expenses	(k)	H* - Hold Q* - Dona	ation to Legal Expense Fund

Loan Repayments

Pg	1	of	1
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Amendment 🗌 Yes 🖾 No

se this form to report payr Committee Full Name (and Fund if applicable)			2. ID Number
Levin Mundy for City Cou	ncil			n/a
Lender Information		Add	Remove	
Full Name, Mailing Address &	2 Phone			b. Comments
(include city, state, & zip)	e i none			
Kevin Mundy				
1100 Amesbury Rd.				c. Original Loan Date
Winston-Salem, NC 2710	3			12/26/19
336-918-0259				d. Original Loan Amount
				\$ 1000.00
. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
	KMFCC-CHK	Bnk Transfer	5/31/22	\$ 500.00
\$ 500.00				
5				\$
3. Lender Information		Add	Remove	
. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				d. Original Loan Amount \$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	d. Original Loan Amount
e. Remaining Loan Balance \$	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	d. Original Loan Amount \$
\$	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	d. Original Loan Amount \$ i. Repayment Amount
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\$				d. Original Loan Amount \$ i. Repayment Amount \$ \$
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\$ \$ 3. Lender Information a. Full Name, Mailing Address				d. Original Loan Amount \$ i. Repayment Amount \$ \$
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\$ \$ 3. Lender Information a. Full Name, Mailing Address				d. Original Loan Amount \$ i. Repayment Amount \$ S b. Comments c. Original Loan Date d. Original Loan Date d. Original Loan Amount \$ i. Repayment Amount
\$ 3. Lender Information a. Full Name, Mailing Address (include city, state, & zip)	& Phone	Add	Remove	d. Original Loan Amount \$ i. Repayment Amount \$ S S b. Comments c. Original Loan Date d. Original Loan Amount \$
\$ 3. Lender Information a. Full Name, Mailing Address (include city, state, & zip) c. Remaining Loan Balance	& Phone	Add	Remove	d. Original Loan Amount \$ i. Repayment Amount \$ S b. Comments c. Original Loan Date d. Original Loan Date d. Original Loan Amount \$ i. Repayment Amount
 \$ 3. Lender Information a. Full Name, Mailing Address (include city, state, & zip) c. Remaining Loan Balance 	& Phone f. Account Code	Add	Remove	d. Original Loan Amount \$ i. Repayment Amount \$ S b. Comments c. Original Loan Date d. Original Loan Amount \$ i. Repayment Amount \$ i. Repayment Amount \$

Outstanding Loans

<u>1</u> of Pg

Yes \boxtimes

No

Amendment

1

port any outstanding loans received during a previous reporting period and until the loan is paid in full. τL

e this form to report					2. II) Number
Committee Full Nates evin Mundy for City	Council	Pileabio			n/a
oval initiality for City	Counter				
Lender Information				Remove	
Full Name, Mailing Add			ob Title/Profession		d. Comments
(include city, state, & zip		Co	mpany President		Loan to self
evin Mundy					e. Start Date (mm/dd/yyyy)
100 Hudgins Hill Ct.			I and a Winner 10 months.	Field	
Vinston-Salem, NC 2	7103		Cmployer's Name/Specific one by MUNDY, inc.		12/26/19
36-918-0259			cecutive Consulting		f. End Date (mm/dd/yyyy)
			roject Management		n/a
			ojoot managazza		
Data	h. Security Pledged		i. Original Loan	Amount	j. Remaining Loan Balance
Rate	n/a		\$ 1000.00		\$ 500.00
0.0 %			ψ 1000.00		l. Loan Number
Full Name of Lending I	estitution				
n/a					n/a
		1 . 1 .		Remove	
. Lender Informatio			Job Title/Profession	ICHIOVC	d. Comments
. Full Name, Mailing Add		D.	JOD 1107/1101055100		
(include city, state, & zi	p)				
					e. Start Date (mm/dd/yyyy)
		с.	Employer's Name/Specif	ic Field	
					f. End Date (mm/dd/yyyy)
			i. Original Loan	Amount	j. Remaining Loan Balance
g. Rate	h. Security Pledged			(AMILY MIL)	
%			\$		\$
k. Full Name of Lending	Institution				l. Loan Number
K. FUU Name of Lending	montanon				
3. Lender Informati	on	Add] Remove	
a. Full Name, Mailing A		b	. Job Title/Profession		d. Comments
(include city, state, &					
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		c	. Employer's Name/Spec	nic tirin	
					f. End Date (mm/dd/yyyy)
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g. Rate	h. Security Pledged				\$
g. Rate			s		
<u> </u>					\$ 1. Loan Number
%					
% k. Full Name of Lendin	Institution				l. Loan Number
%	g Institution				l. Loan Number

NC State Board of Elections