

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.

Amendment
☐ Yes ☒ No

1. Committee Information

a. Full Name <i>Committee to Elect Shai Woodbury</i>	c. ID Number <i>WCQ800</i>
b. Mailing Address (include City, State and Zip Code) <i>3022 N. Glenn Avenue Winston-Salem, NC 27105</i>	d. Date Filed <i>02/20/2024</i>
	e. Phone Number <i>336-997-2286</i>

2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>July 1, 2023</i>	4. Period End Date (mm/dd/yy) <i>Dec. 31, 2023</i>	5. Treasurer Full Name <i>Sarah Leland Jackson</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<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	<input type="checkbox"/> 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"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<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	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Mechanics & Farmers</i>	a. Financial Institution Full Name <i>Sutton Bank</i>	a. Financial Institution Full Name <i>Sutton Bank</i>	a. Financial Institution Full Name <i>Sutton Bank</i>
b. Purpose <i>Committee Funds</i>	b. Purpose <i>Committee Funds</i>	b. Purpose <i>Committee Funds</i>	b. Purpose <i>Committee Funds</i>
c. Account Code <i>4 Shai</i>	c. Account Code <i>2</i>	c. Account Code <i>2</i>	c. Account Code <i>2</i>
d. Period Begin Balance <i>\$(-7.96)</i>	d. Period Begin Balance <i>\$0</i>	d. Period Begin Balance <i>\$0</i>	d. Period Begin Balance <i>\$0</i>

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.

Sarah L. Jackson Printed Name of Signer *Sarah L. Jackson* Signature of Appointed Treasurer *2/20/2024* Date

FOR OFFICE USE ONLY

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

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

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

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Committee to Elect Shai Woodbury			WC0800
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ (-7.96)	\$ (-7.96)
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)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 36.00	\$ 36.00
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)		\$ 36.00	\$ 36.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (-43.96)	\$ (-43.96)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 325.00	
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)	\$	\$

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Shai Woodbury						WC0800	
3. Payee Information							
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	07/31/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	8/31/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	9/29/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	10/31/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	11/30/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4 shai	electronic	O	12/29/23	\$ 6.00	Svc fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
4. Total only this Page					\$	36.00	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	36.00	
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)							

Outstanding Loans

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Shai Woodbury		WCQ800	
3. Lender 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
Malishai Woodbury 3022 N. Glenn Avenue Winston-Salem, NC 27105		A&T Instructor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T State University	5/21/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 375.00	\$ 75.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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
Malishai Woodbury 3022 N. Glenn Avenue Winston-Salem, NC 27105		A&T Instructor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T STATE University	6/6/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 250.00	\$ 250.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 325.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 325.00	