	eport Cover eneral report and committee in to update information	information, must be	e signed and sub	omitted along wit	Amendment Ves No h other detailed forms.
1. Committee Info					
a. Full Name	Amation				c. ID Number
COMMITTEE TO	ZGHS15				
b. Mailing Address (in	clude City, State and Zip Code)				d. Date Filed
625 MEANDER V BENSON NC 275					01/12/2021
	•				e. Phone Number
					919-938-2509
2. Report Year	3. Period Start Date (mm	/dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer I	Full Name
2020	10/18/20		2/31/20	JOY W PAUI	
6. Type of Commi	ttee (Check One)	9. Type of Repor	t (check or	aly one type of re	port from one category)
Candidate Cam	paign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizationa	ıl 🔲	Organizational	Organizational
Independent Expenditure Legal Expense	Joint Fundraiser	☐ Thirty-five da	У	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"			15	Second	Supplemental Final
Building Fund		Pre-election Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	ır	Semi-annual	
Other:		Year En	d 🔲	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fun	Special		Final		
	0			Special	
11. Account Infor			11. Account		
a. Financial Institution			a. Financial Institution Full Name		
FIRST CITIZENS			STON C		
b. Purpose	c. Account Code		b. Purpose	A	c. Account Code
CAMPAIGN EXPENSES		1	HOS	N 1 2 2020	
EXI LIVELS	ce	AL	d. Period Begin Balance		
	\$ 1,177.74		Boar	ELECTION .	S
CERTIFICATIO	V			d of E	
I certify that the Co the NC General Sta is complete, true an	ommittee or Fund is in comp	commingled with pro	hibited or other State Board of	non-disclosed fur Elections.	22B, & 22D-22M of Chapter 163 of ands. I further certify that this report
	Printed Name of Signer		Signature of Appoir	nted Treasurer	Date
FOR OFFICE USE			0	\A	Delivery Method
Date Received	1-12-202	Employee:	4	 	Delivery Method Normal Mail Registered Mail
Date Postmark	red:	Employee:			Hand Delivered
Date Scanned:		_ Employee:			Electronically Filed Signer has not received
Date Data Ent	ered:	_ Employee:			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.

Amendment Yes No

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

. Type of Report		3. ID Number
th QUARTER		ZGHS15
2019	Total this Reporting Period	Total this Election Cycle
	\$ 1,177.74	\$ 174.18
(CRO-1205)	\$	\$
(CRO-1210)	\$	\$ 9,425.00
(CRO-1220)	\$ 0.00	\$ 25.00
(CRO-1230)	\$	\$
(CRO-1410)	\$	\$ 6,859.48
(CRO-1240)	\$	\$
(CRO-1250)	\$	\$
1S (CRO-1250)	\$	\$
(CRO-1250)	\$	\$
(CRO-1270)	\$	\$
(CRO-1265)	\$	\$
11d and 11e)	\$.00	\$ 16,309.48
(CRO-1310)	\$.00	\$ 15,105.92
ees (CRO-1310)	\$.00	\$ 200.00
(CRO-1310)	\$	\$
(CRO-1315)	\$	\$
(CRO-1420)	\$	\$
(CRO-1320)	\$	\$
(CRO-1510)	\$	\$
16 and 17)	\$ 0.00	\$ 15,305.92
act line 18)	\$ 1,177.74	\$ 1,177.74
(CRO-1330)	\$	
(CRO-1430)	\$	
(CRO-1610)	\$	
(CRO-1620)	\$	
(CRO-1720)	\$	
(CRO-1710)	\$	\$
(CRO-1440)	\$	\$
(CRO-2220)	\$	\$
		\$
	CRO-1200	Total this Reporting Period \$ 1,177.74