Disclosure Report Cover								
Use this form for general report and committee information, must be signed and submitted along the No.								
Do not use this form to update information. 1. Committee Information								
a. Full Name								
Λ 11 1	c. ID Number							
b. Mailing Address (include City, State and Zip Code)			9CQXDP					
	are and Exp Code)		d. Date Filed					
2175 Denise Land	e Winston-Salem	, NC 27127	July 1, 2022 e. Phone Number					
	221 970 1207							
2. Report Year 3. Period Star	2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5, Treasurer Full Name							
2022 01-0	1-2022 06-	20 2022	unne Griffin Johnson					
6. Type of Committee (Check	One) 9. Type of Re	port (cheek only one type	e of report from one category)					
Candidate Campaign Pa	Municipal	State/County	Referendum					
	ferendum Organization	al Organizational						
	nt Fundraiser Thirty-five d	ay Quarterly	Pre-referendum					
Legal Expense Fund	Pre-primary	First	Final					
d m - on 1	Pre-election	Second	Supplemental Final					
7. Type of Fund (if applicable	, check one) Pre-runoff	Third	Annual					
Booster Fund	Semi-annual	Fourth	Special					
Building Fund	Mid Ye	ar Semi-annual	Бросии					
	Year En	17	10. Special Report Name					
Other:	Final	Year End	To. Special Report Name					
8. Number of Fundraisers this	Report Special	Final	_ 13 >0					
O		Special						
14 4		- opeciai						
11. Account Information	THE RESERVE OF THE PERSON OF T	11 1						
11. Account Information a. Financial Institution Full Name		11. Account Informatio						
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a. Financial Institution Full Name Allegacy Federal (b. Purpose)	Credit Uruon	11. Account Information a. Financial Institution Full No. Purpose	lame					
a. Financial Institution Full Name Allegacy Federal (b. Purpose)	c. Account Code	a. Financial Institution Full I	Name					
a. Financial Institution Full Name Allegacy Federal (c. Account Code LJ4 d. Period Begin Balance	a. Financial Institution Full I	c. Account Code					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds	c. Account Code	a. Financial Institution Full I	c. Account Code					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION	c. Account Code LJ4 d. Period Begin Balance \$ 250.00	a. Financial Institution Full P	c. Account Code d. Period Begin Balance					
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a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and tha	d. Period Begin Balance \$ 250.00 d is in compliance with all appliat no funds are commingled with	a. Financial Institution Full ? b. Purpose cable provisions of Article 2	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds	d. Period Begin Balance \$ 250.00 d is in compliance with all appliat no funds are commingled with	a. Financial Institution Full ? b. Purpose cable provisions of Article 2	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and that report is complete, true and correct	d. Period Begin Balance \$ 250.00 and is in compliance with all appliant no funds are commingled with a and that I have been trained by	a. Financial Institution Full ? b. Purpose cable provisions of Article 2	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163					
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a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and that report is complete, true and correct the Printed Name of Signer Printed Name of	d. Period Begin Balance \$ 250.00 and is in compliance with all applied to funds are commingled with and that I have been trained by	a. Financial Institution Full ? b. Purpose cable provisions of Article 2	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and that report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY	d. Period Begin Balance \$ 250.00 and is in compliance with all applied to funds are commingled with and that I have been trained by	b. Purpose cable provisions of Article 2 prohibited or other non-discount NC State Board of Election	d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and that report is complete, true and correct the Printed Name of Signer Printed Name of	d. Period Begin Balance \$ 250.00 and is in compliance with all applied to funds are commingled with and that I have been trained by	b. Purpose cable provisions of Article 2 prohibited or other non-discount NC State Board of Election of Appointed Treasurer	d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons. July 1, 2022 Delivery Method					
a. Financial Institution Full Name Allegacy Federal (b. Purpose) Campaign Funds CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and that report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY	d. Period Begin Balance \$ 250.00 and is in compliance with all applied to the funds are commingled with and that I have been trained by the fundamental and the sign of the s	b. Purpose cable provisions of Article 2 prohibited or other non-disc the NC State Board of Election of Appointed Treasurer ee:	d. Period Begin Balance d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this cons. Delivery Method Normal Mail Registered Mail					
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a. Financial Institution Full Name Allegacy Federal b. Purpose Campaign Funds CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code LJ4 d. Period Begin Balance \$ 250.00 and is in compliance with all appliant no funds are commingled with and that I have been trained by Employee Employee Employee	b. Purpose cable provisions of Article 2 prohibited or other non-disc the NC State Board of Election agure of Appointed Treasurer ce: ce:	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons. July 1, 2022 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received					
a. Financial Institution Full Name Allegacy Federal b. Purpose Campaign Funds CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code LJ4 d. Period Begin Balance \$ 250.00 and is in compliance with all appliant no funds are commingled with and that I have been trained by Employee Employee Employee	b. Purpose cable provisions of Article 2 prohibited or other non-disc the NC State Board of Election agure of Appointed Treasurer ce: ce:	c. Account Code d. Period Begin Balance \$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons. July 1, 2022 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received					
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Detailed Summary	Amendment			
Use this form to summarize all disclosure reporting forms and	l to total mo	onetary information		Yes No
2. Committee run Name (and rund if applicable)	2. Type of	Report 3	. ID Nu	mber
Committee to Elect lynne Johnson	Mid	- Year	9(COXDD
Start of Election Cycle: January 1, 2022		Total this	Ι.	Total this
4) Cash on Hand at Start		Reporting Period \$ 250.00	_	Election Cycle
RECEIPTS	Y	1+ 2/01/00	Z rosecontin	250.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	T \$	
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)	\$	\$	2 5
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources		克当走现 克 克斯山	φ	
11a) Interest on Bank Accounts	(CRO-1250)	\$		
11b) Contributions from Not-For-Profit Organizations		\$	\$ 3	22
11a) Out-14a C	(CRO-1250)	\$	-	CO +32
114) I I	(CRO-1270)	\$	\$	(A) = -(
11a) E	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1		\$	\$	-
EXPENDITURES	rd and rie)		\$	0
13) Disbursements	***************************************		COLUMN TO A	
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (\$	\$	
13c) Coordinated Party E		\$	\$	
14) Aggregated Non-Media Expenditures		\$		
(5) Loan Rengyments		\$	\$	
6) Refunds/Poimburgoment f. 41 G		\$		
7) In Kind Contil 4		\$	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 0	\$	\wedge
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 250.00	\$ 2	50.00
ADDITIONAL INFORMATION		Δ.)0.00	<u>Ψ</u> α	0.00
and the state of t	CRO-1330) S	\$		
	CRO-1430)	5		
The state of the s	RO-1610) \$	5	SMb5	
The state of the s	(RO-1620) \$			
	(RO-1720) \$		A STATE	
5) Administrative Support (C	RO-1710) \$		\$	
6) Forgiven Loans (C.	RO-1440) \$		\$	
7) 48-Hour Notice Reports Sum (CA	80-2220) \$		\$	
B) Contributions to be Refunded (CR RO-1100 NG State Part 1	80-1215) \$		\$	
NC State Board of	Elections			