

Disclosure Report Cover

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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.

a. Full Name		c. ID Number	
FRIENDS FOR DAN INGLE			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
6388 RASCOE RD BURLINGTON, NC 27217		06/30/2022	
		e. Phone Number	

2022	02/28/2022	03/06/2022	REBEKAH W LOY
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<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		Municipal		State/County		Referendum	
<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> PAC		<input type="checkbox"/> Organizational		<input type="checkbox"/> Organizational		<input type="checkbox"/> Organizational	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Thirty-five day		Quarterly		<input type="checkbox"/> Pre-referendum	
<input type="checkbox"/> "Booster Fund"				<input type="checkbox"/> Pre-primary		<input type="checkbox"/> First		<input type="checkbox"/> Final	
<input type="checkbox"/> Building Fund				<input type="checkbox"/> Pre-election		<input type="checkbox"/> Second		<input type="checkbox"/> Supplemental Final	
<input type="checkbox"/> Presidential Election Year Candidates Fund				<input type="checkbox"/> Pre-runoff		<input type="checkbox"/> Third		<input type="checkbox"/> Annual	
<input type="checkbox"/> NC Public Campaign Financing Fund				<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Fourth		<input type="checkbox"/> Special	
<input type="checkbox"/> Other:				<input type="checkbox"/> Mid Year		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			
0									

a. Financial Institution Full Name		a. Financial Institution Full Name	
TRUIST			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CHECKING	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$

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

Becky Loy Printed Name of Signer Becky Loy Signature of Appointed Treasurer 06/30/2022 Date

FOR OFFICE USE ONLY

Date Received: 7/5/22 Employee: J Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: 7/5/22 Employee: J Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
FRIENDS FOR DAN INGLE	2022 First Quarter		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 3,600.00	\$ 3,600.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 3,600.00	\$ 3,600.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 61.63	\$ 61.63
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100.00	\$ 100.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 161.63	\$ 161.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,438.37	\$ 3,438.37
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 3,600.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
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

Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

FRIENDS FOR DAN INGLE					
<input type="checkbox"/> <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		NOT EMPLOYED		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field		03/01/2022	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		01	Draft	\$ 3,600.00	
l. Full Name of Lending Institution					m. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage	e. Amount		
		%	\$		
				\$ 3,600.00	

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

FRIENDS FOR DAN INGLE						ID Number
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT AMY GALEY 233 DR. FLOYD SCOTT LANE BURLINGTON, NC 27217			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00	
i. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	D	03/03/2022	\$ 100.00		
					\$ 100.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 100.00	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other				Explanation in required remarks field (k)		

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Name (and State if applicable)						2. ID Number
FRIENDS FOR DAN INGLE						
3. Disbursement (Please check only ONE box, or check all that apply)						
<input checked="" type="checkbox"/> Operating Expenses						
<input type="checkbox"/> Contributions to Candidates/Political Committees						
<input type="checkbox"/> Coordinated Party Expenditures						
4. Description						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
TRUIST 236 S. MAIN STREET GRAHAM, NC 27253				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 61.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Draft	K	03/01/2022	\$ 61.63	CHECKS	
				\$		
						\$ 61.63
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 61.63
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
5. Disbursement Code						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

FRIENDS FOR DAN INGLE			
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NOT EMPLOYED	d. Comments
DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/01/2022
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 3,600.00	j. Remaining Loan Balance \$ 3,600.00
k. Full Name of Lending Institution		l. Loan Number	
		\$ 3,600.00	
		\$ 3,600.00	