

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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		05/10/2022
		e. Phone Number
		336-421-9780

Year	Start Date (mm/dd)	End Date (mm/dd)	Signer
2022	01/01/2022	04/30/2022	REBEKAH W LOY

(One)		(Check)		(Multiple)
<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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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			

Account Information		Account Information	
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
	\$ 3,538.37		\$

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

Rebekah W. Loy Rebekah W. Loy 05/10/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 5/10/22 Employee: [initials] **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ 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. Date of Report	3. ID Number	
FRIENDS FOR DAN INGLE		2022 First Quarter MAY 10 2022		
Start of Election Cycle: January 1, 2022		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)	\$ 21.33	\$ 21.33	
6) Contributions from Individuals	(CRO-1210)	\$ 500.00	\$ 500.00	
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)		\$ 4,121.33	\$ 4,121.33	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 732.28	\$ 732.28	
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)	\$ 21.33	\$ 21.33	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 853.61	\$ 853.61	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,267.72	\$ 3,267.72	
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	

Aggregated Contributions from Individuals

Page 1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

Full Name of Contributor					
FRIENDS FOR DAN INGLE					
Item Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	In-Kind	STAPLES FOR YARD SIGNS	04/01/2022	\$ 21.33
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 21.33
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 21.33

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

FRIENDS FOR DAN INGLE																																									
<table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">RONALD L HALL 2014 W. FRONT STREET BURLINGTON, NC 27215</td> <td colspan="2">POLICE OFFICER</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		RONALD L HALL 2014 W. FRONT STREET BURLINGTON, NC 27215		POLICE OFFICER						c. Employer's Name/Specific Field						NOT EMPLOYED								e. Election Sum to Date						\$ 100.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		03/29/2022	\$ 100.00																																				
<input type="checkbox"/>					\$																																				
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		03/22/2022	\$ 200.00																																				
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<input type="checkbox"/>	01	Check		04/22/2022	\$ 200.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
Total for this Page					\$ 500.00																																				
Total for All Pages					\$ 500.00																																				

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					ID Number
<input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		RETIRED			
		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. Account Code	j. Form of Payment	k. Amount	
%		01	Check	\$ 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	
		%		\$	
Total Loan Proceeds				\$ 3,600.00	

Disbursements

Amendment
 Yes No

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

Committee Name (Fund if applicable)						District	
FRIENDS FOR DAN INGLE							
Please check one type of Disbursement							
<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)				b. Coordinated Committee Name		d. Comments	
COMMITTEE TO ELECT AMY GALEY 233 DR. FLOYD SCOTT LANE BURLINGTON, NC 27217							
c. Level Registered (Specify)				e. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:							
						\$ 100.00	
f. 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			
				\$			
Total for this Disbursement						\$ 100.00	
Total for this Disbursement						\$ 100.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <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>						\$ 100.00	
7. Purpose Code (Use code number in (h) above)							
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							

Disbursements

Amendment
 Yes No

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

Committee Full Name (and fund, if applicable)						D. Name	
FRIENDS FOR DAN INGLE							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name	
VANS ADVERTISING 2954 ELDER LANE BURLINGTON, NC 27215						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						d. Comments	
						e. Election Sum to Date	
						\$ 732.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	K	03/17/2022	\$ 74.73	CAMPAIGN BUSINESS		
01	Check	O	03/18/2022	\$ 657.55	CARDS VINYL STICKERS		
						\$ 732.28	
(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)						\$ 732.28	
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							

In-Kind Contributions

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Name and Fund (if applicable)		2-ID Number	
FRIENDS FOR DAN INGLE			
<input type="checkbox"/> Full <input type="checkbox"/> Ind <input type="checkbox"/> Rem			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 21.33	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STAPLES FOR YARD SIGNS		04/01/2022	\$ 21.33
			\$
			\$
			\$ 21.33
			\$ 21.33

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.

1. Candidate Name (if not candidate, skip)		2. ID	
FRIENDS FOR DAN INGLE			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED	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