Statement of Organization - Candidate Committee

Is	this s	statem	ent:	
V	New		Amended	

Use this form to create a new or update an existing candidate committee.

 	•	11 0	ATT - A - C - C - C - C - C - C - C - C - C	 	 each new election year	

Commutee info a Name of Committee	inition				a an Number
Friends For Dan I	ngle				88-0890049
	lude City, State and Zip Code)		HAD OO OO	<u> </u>	e Date Organized
6388 Rascor Rd.,	Burlington, N.C. 27217		ALAMANCE COU	NTV .	02/24/2022
c. Committee Website (Optional)		BOAKD OF ELECT	IONS :	f. Phone Number
					336-421-9780
2)(Cantidate inio: a sull Name	нации за в		e-Party Affiliation		
Dan W. Ingle			Republican		
•	lude City, State, and Zip Code)		f Office Sought		
Section of the sectio	Burlington, N.C. 27217		Call to the Committee of the Committee o		
, , , ,			Alamance/Burling	ton Board	of Education
c . Phone Number	d. Email Address		g. Next; Disction Year.	ĥ.	Türisdiction
336-421-9780	dan.ingle01@gmail.com		2022		
☐ Email copy of re	· · · · · · · · · · · · · · · · · · ·				·
3. Treasurer Enforr a. Full Name	nation		4 : Assistant-Freas a full Name	nser Indom	nation
Becky Loy				Share and	
• •	ude City, State, and Zip Code)		b. Mailing Address (inc	การเดยเลงรั	ate and Zin Code
219 W. Elm St., G					
	. •		÷		·
c: Phone Number	d. Email Address		c. Phone Number	d@Email Ad	dress
336-227-1495	becky GCEL-CPA, a	SOM			
	tices by email Yes	JNo⁴	Email copy of re		
5. Custodian of Boo a. Full Name	ks information (Keeper of R	ecords) -	6. Account Informa a. Financial Institution	Charles and Charles of Control	cl. CRO 3500)
Becky Lov			<u></u>	1 UII 1 (4 III)	
	ude City, State, and Zip Code)				
219 W. Elm St., G		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The state of the s		
	•				State of the state
THE RESERVE COMES AND THE PARTY OF THE PARTY	d. Email Address		b. Account Code	c. Type	
336-227-1495					
☐ Email copy of re	port notices		and the second s		
I certify that the Co	ommittee is in compliance with	all applica	ble provisions of Ar	ticle 22A o	f Chapter 163 of the NC
•	ed that no funds are commingle				
this report is compl	lete, true and correct.	Δ.			
Rebekahl	N. Loy	Kebe	bah W. doer		3-1-22
Printed 1	Name of Treasurer	Sign	nature of Appointed Theas	surer	Date
I certify that the info	rmation above is correct, and I	, as the car	ididate, appoint said	treasurer to	personally fulfill the
duties and responsibi	lities imposed upon the appoin				
163 of the NC Gener	a _	T	1 //	11	0,00
<u></u>	I. I.NGLE		Signature of Candidata		- 2.1.00
Printed N	Name of Candidate		Signature of Candidate		Date

Amendment			
☐ Yes	山	No	

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.

Committee Information		c/D Number
a.Full Name FRIENDS FOR DAN INGLE	RECEIVED	88-0890049
b. Mailing Address (include City, State and Zip Code)	₽₩₽ NG thơn	d. Date Filed
6388 RASCOE RV.	in will be	
BURLINGTON, NC 21217	ALAMANCE COUNTY BOARD OF ELECTIONS	e. Phone Number
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period E		
	/	469
6. Type of Committee (Check One). 9. Type of Rep Candidate Campaign Party Municipal	ort (checksonly,onestypesofrepo State/County	<i>ft from oftescategory) ******</i> Referendum
PAC Referendum Organizational	Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day ☐ Legal Expense Fund ☐ Pre-primary	Quarterly First	Pre-referendum Final
Pre-election	Second	Supplemental Final
7. Type of Fund (y applicable scheck one). Pre-runoff	Third	Annual
☐ Booster Fund Semi-annual ☐ Building Fund ☐ Mid Year	Fourth Semi-annual	Special
Year End		10. Special Report Name
☐ Other: ☐ Final 8. Number of Eundraisers this Report ☐ Special	Year End Final	
- <i>D</i> -	Special	
Company Control of the Control of th	B. Account Information	
26-000 (North the American Company of the Late of the American Company of the American Company of the Company o	a. Financial Institution Full Name	
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b, Purpose c. Account Gode	b. Púrpoše	c.Account Code
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CHECKING ALC. CAMPAZGN BLIENSES CERTIFICATION		\$
VEX.III.1CATION	- 11	9 \$ 22D 22M at Chautan 162
I certify that the Committee or Fund is in compliance with all applic of the NC General Statutes and that no funds are commingled with p		
report is complete, true and correct and that I have been trained by		<u>.</u> .
BECKY LOY Box	e. doen	3.2.2022
Printed Name of Signer Sign	ature of Appointed Treasurer	Date
FOR OFFICE USE ONLY		
Date Received: $3 - v - w v^{\nu}$ Employ.		ivery Method Normal Mail
Date Postmarked: Employ		Registered Mail
	Y	Hand Delivered Electronically Filed
Date Scanned: Employ		
Date Data Entered: Employ	eë:	Signer has not received mandatory training
Please Note: This form cannot be used to amend commi		
assistant treasurer, custodian of books		
You must amend the Statement of Organization	(CKU-ZIUUA-E) to make comm	uuce changes.

Amendment 臤 Yes No

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

Use this form to summarize all disclosure reporting forms an 1. Committee Full Name (and Kundalf applicable)	The second secon		3.1D Number
			_
FRIENDS FOR PAN INGLE	ORGANIZA		88-089 0049
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ -0	\$
RECEIPTS ***			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5.00	\$ 5,00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 3600.00	\$ 3600.00
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 Organizatio	ns <i>(CRO-1250</i>)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$ -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, IId and IIe)	\$ 3605.00	\$ 7605,00
EXPENDETURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 61.63	\$ 61.63
13b) Contributions to Candidates/Political Committee	ees <i>(CRO-1310</i>)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 5,00	\$ 5.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ 66.63	\$ 66.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 3538.37	\$ 3538,37
ADDITIONAL INFORMATION.			TENERS TO SERVICE STATE OF THE
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 3600.00	
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)	\$	\$

			Amendment
Pg		of	✓ Yes
	Pg	Pg	Pg of

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

11. Committee Full Name (and Fund (Eapplierble)			2. did (Nirm)	ur .
FRIENDS FOR DAN INGLE			88-00	890049
3. Lendor Information :	Add 🧽 ⊱	D - 177	4 4 1, 1	Remove
a.Full Name, Mailing Address & Phone. (include city, state, & zip)	b. Job Title/Professi	Commission of the Commission o		d. Comments
DAN W. INGLE	RETIRED CHIEF OF	- Police	:	e. Start Date (mm/dd/yyyy)
DAN WINGLE 6388 RASCOE RD. BURLINGTON, NC 27217	c. Employer's Name	CLAST CONTRACTOR OF THE CONTRACTOR		AS /al/ 2007
BURLYNKTON, NC 27217				f:End Date (mm/dd/yyy)
Doros				12/21/2002
g Rate h. Security Pleaged is	Account Code	j. Form of Payr	nent	k. Amount
%		DRAFT	,	\$ 3600,00
L Full Name of Lending Institution			m.Loan	
4. Endorsers/Makers (The people wing surrantee the	loan)			
4 Full Name, Mailing Address & Phone (include city) state, & Zip)	b. Job Title/Profes	sion	c: Emplo	yer's Name/Specific Field
, in the second				,
	d. Percentage		e, Amoin	it'
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profes	sion (c.Emplo	yer's Name/Specific Field
(memocrey, spacetee 44)				
	d-Percentage		e. Amour	it .
•		%	\$	
a Full Name, Mailing Address & Phone	b. Job Title/Profes	sion	c.Emplo	ver's Name/Specific Field
(include city, state, & zip)				
	d. Percentage		e: Amoun	d .
		%	\$	
a: Full Name, Mailing Address & Phone	b. Job/Title/Profes	sion	.c. Employ	er's Name/Specific Field
(include city, state, & zip)				•
		'		
	d. Percentage		e. Amoun	t.
		%	\$	
5. Total of ALL CRO-1410 Pages			• •	3600,00
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No

		m Individuals		Pg		f	Yes Y	No
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A The Party of the	me: Mailing Address	Control of the second of the s		b. Job Title/Profession	LUNCE FOR STATE	d. Commen	is .	
	e city, state,& zip)			RETIRED	1	1-1-	NG FEE	
DA	WW IN	66		c-Employer's Name/Sp	ecific Field	F-1-C-2	NO PEC	
630	SY KASCOE.	666 RD. NC 27217				- Pleation	um to Date	
Bu	KLINGTON,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				VIEW CHARLES AND CHARLES	5,00	
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							\$	
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(include	city, state, & zip)				•			
				ç: Employer's Name/Spe	ecific Field			
						e. Election S	um to Date	
Ì		,			÷	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j.Date(mm/dd/y	<u> </u> (33)	k, Amount	
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	ne, Mailing Address & čity, state, & zip)	è Phone		b. Job Title/Profession		d. Comments		
			***************************************	e, Employer's Name/Spe	cific Field	i		
						e. Election Si	um to Date	
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	of ALL CRO-				n en	\$ 5.		
This line	must be on line 6 of l	Detailed Summary Page Ck	(0=1100)			- 1		

Amendment

Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be refunde					
La Committee Full Name (and Fund (Lapplicable)				1	Number / -
FRIENDS FOR DAN INGLE				88	-0890049
	Remov	37			
a. Full Name. Mailing Address & Phone (include city, state, & zip)	b. Ly		Contributor: lividual	Se (3-2-7) 35-343	numents
DAN INHE	Þ	Can	ndidate	17	is No fee
DAN INGLE 6388 RASCOERD. BURLINGTON, NL 27217		Part PAC	•		
QUELTN GTON, Nº 27211		Refe	erendum	d. Ele	ction Sum to Date
Pont -		Oth	er Receipt Source	\$	5.00
e.Description			f. Date (mm/dd/y	ryy):	g.Fair:Market Amount
FILING FEE			02/24/2	022	\$ 5,00
			•		\$
					\$
3. Contributor Information	Remove		ontributor	le Coi	nments
(include city: state, & zip)			vidual		umento)
		Cand Party	didate		
		PAC			
	18		erendum	ed. Elec	tion Sum to Date
	🗀	Otne	er Receipt Source	\$	
e. Description			f.Date (mm/dd/yy	yy)	g Fair Market Amount
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					\$
3. Contributor Information Add Add The Information Add Add The Information Address & Phone	Remove h Ten		ontributor	c, Com	
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		Party PAC	,	·	
			rendum	d. Elec	tion Sum to Date
		Other	r Receipt Source	\$	
e. Description		物值	f.Date (mm/dd/yy	vy)	g/Fair Market Amount
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					\$
					\$
A. Total only this Page				\$,	5,00
5. Total of ALL CRO-1510 Pages Chising must be on line 1. of Detailed Summary Page CRO-1400.				\$ <u> </u>	200

(This line must be on line 17 of Detailed Summary Page CRO-L100)

In-Kind Contributions

Amendment

Yes

No

								_		/	Ame	ndment	_	
Di	sb	ur	seme	nts		,	Pg		of			Yes	<u>Ì</u>	N
											-			

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

Some Continue Co		oll Name (and Au						2.1D Number
Second Code				R(0)31	HO forms	for each	ype of Disburser	88-089-0049 nent.)
D. Coverdina (al. Consult Co. Nature Science D. Coverdina (al. Consult Co. Nature D. Coverdina (al. Consult)	Operating	Expenses 🔲		ındidate	s/Political Co	ommittees		
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Start Nome Mailing Address & Plant					, ,		\$	
(Include city, state, & 27p)	4 Payee Inform	i nation		Add			Remove	<u> </u>
Level Registered (Specify)	SHEET WAS A STATE OF THE SHEET	Control of the Contro		b. Coo	ordinated C	ommittee N	ame	d. Comments
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J. Account Code g. Form of Payment h. Purpose Code j. Date (mm/dd/yyy) Amount k. Required Remarks 4. Payee Information j. Cdd s. [1] Remove 5. Full Name, Mailing Address & Phone h. Coordinated Commiffee Name d. Comments 6. Level Registered (Specify) Federal County: Federal County: Municipality: i. Election Sum to Date 5. Level Registered (Specify) Federal County: Municipality: i. Election Sum to Date 5. Total only this Page s. 6. Total of ALI CRO-1310 Pages s. 7. This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summary Page CRO-1100 if Contrib to Candidates Political Comm) (This line goes in line 13b of Patalled Summar				Ц	State		Municipality:	e. Election Sum to Date
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a. Full Name, Mailing Address & Phone (include city, state, & zip) State							\$	
State County: State County: State County: State Municipality: e. Election Sum to Date E. Account Code g. Form of Payment h. Purpose Code j. Date (mm/dd/yyyy) j. Amount k. Required Remarks S S S S S S S S S	THE START THE START START OF START START STARTS	Contract of the Contract of th				TO A MORE TO THE RESERVED	Control of the Contro	
### Account Code g. Korm of Payment h. Purpose Code j. Date (mm/dd/yyyy) j. Amount k. Required Remarks ### 5. Fotal only this Page \$ ### 6. Fotal of Al. J. CRO-1310 Pages \$ ### 6. Fotal of Al. J. CRO-1310 Pages \$ ### 6. This line goes in line 13a of fetalled Summary Page CRO-1100 if Operating Expenses) ### Contribute Candidates Political Comm ### 7 Purpose Code List detailed expenditure code in (h.) above ### 7 Purpose Code List detailed expenditure code in (h.) above ### 7 Purpose Code List detailed expenditure code in (h.) above ### 7 Purpose Code List detailed expenditure code in (h.) above ### 8 Printing C* Pundraising D - To Another Candidate ### 1. Postage J - Penalties K* Office Expenses ### 9 Postage J - Penalties C* Pondical Party The Holding Public Office Expenses ### 1. Office Expenses O* - Donation to Legal Expense Fund #### 1. Office Expenses O* - Donation to Legal Expense Fund ##### 1. Office Expenses O* - Donation to Legal Expense Fund ###################################	SHAMOO SHAMOO			b. C00	rdinated Ge	ommittee Na	Ame	d. Comments
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