

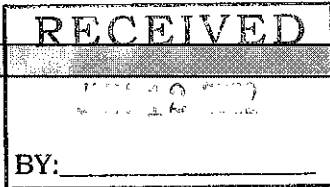
Disclosure Report Cover

Amendment

Yes 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.

Committee 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	07/11/2022
	e. Phone Number



2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	03/07/2022	04/30/2022	REBEKAH W LOY

6. Type of Committee (check One)		9. Type of Report (check only one type of report)		
<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
7. Type of Fund (check applicable, check None)		<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	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	10. Special Report Name
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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
	\$ 3,438.37		\$

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 07/11/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-12-22 Employee: TL Delivery Method
 Normal Mail
 Registered Mail
 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

Yes 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		\$ 3,438.37	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
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)	\$ 21.33	\$ 26.33
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 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)		\$ 521.33	\$ 4,126.33
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 732.28	\$ 793.91
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 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	\$ 26.33
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 753.61	\$ 920.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,206.09	\$ 3,206.09
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

Contributions from Individuals

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

Committee Full Name (and Email, if applicable)						ID Number
FRIENDS FOR DAN INGLE						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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	
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"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES G MCCLURE III PO BOX 817 GRAHAM, NC 27253			PRESIDENT			
			c. Employer's Name/Specific Field			
			GREEN & MCCLURE FURNITURE		e. Election Sum to Date	
					\$ 200.00	
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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HARRY W. SANFORD JR 1973 SHIRLEY DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			AHB REALTY AND PROPERTY MANAGEMENT		e. Election Sum to Date	
					\$ 200.00	
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		04/22/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 3rd of Detailed Statements Page CRO-1210)</i>					\$ 500.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)		2. ID Number		
FRIENDS FOR DAN INGLE				
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
FRIENDS FOR DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date
				\$ 26.33
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	In-Kind	STAPLES FOR YARD SIGNS	04/01/2022	\$ 21.33
				\$
				\$
4. Total on this Page				\$ 21.33
5. TOTAL ALL CONTRIBUTIONS				\$ 21.33

Disbursements

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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 Full Name (and fund if applicable)						2. ID Number	
FRIENDS FOR DAN INGLE							
3. Type of Disbursement <i>Please check separate CRO-1100 boxes for each type of Disbursement.</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payer Information <input type="checkbox"/> Agent <input type="checkbox"/> Invoice							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
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:		e. Election Sum to Date	
						\$ 732.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m/m/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		
5. Total of this Page						\$ 732.28	
6. Enter ALL CRO-1100 Pages							
(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)						\$ 732.28	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code 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							
Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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.

1. Committee Full Name (and fund if applicable)		2. ID Number
FRIENDS FOR DAN INGLE		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRIENDS FOR DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 26.33
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
STAPLES FOR YARD SIGNS	04/01/2022	\$ 21.33
		\$
		\$
4. Total on this Page		\$ 21.33
5. Total of ALL CRO-1510 Pages <i>(Carry the balance on the Top Detailed Summary Page CRO-1510)</i>		\$ 21.33

Outstanding Loans

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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.

l. Committee Full Name (and Fund) (applicable)		m. ID Number	
FRIENDS FOR DAN INGLE			
n. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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. Original Loan Amount	j. Remaining Loan Balance
%		\$ 3,600.00	\$ 3,600.00
k. Full Name of Lending Institution			l. Loan Number
Total on this Page			\$ 3,600.00
Total on Form CRO-1430 Pages			\$ 3,600.00

Disclosure Report Cover

Amendment
 Yes 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.

1. Committee Information	
a. Full Name FRIENDS FOR DAN INGLE	c. ID Number
b. Mailing Address (Include City, State and Zip Code) 6388 RASCOE RD BURLINGTON, NC 27217	d. Date Filed 07/11/2022
e. Phone Number	

RECEIVED
 JUN 12 2022
 BY: _____

2. Report Year	Period Start Date (mm/dd/yyyy)	Period End Date (mm/dd/yyyy)	Reporting Name
2022	02/24/2022	03/06/2022	REBEKAH W LOY

3. Committee (Check One)		4. Reporting Period		5. Reporting Name	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State/County	<input type="checkbox"/> Referendum	
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input checked="" 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	
6. Fund (Check One)		<input type="checkbox"/> Pre-primary	<input 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	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		
7. Number of Fundraisers this Report					
0					

8. Account Information		9. Account Information	
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name	
b. Purpose CHECKING	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

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 07/11/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>7-12-22</u>	Employee: <u>TT</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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)	\$ 5.00	\$ 5.00
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)		\$ 3,605.00	\$ 3,605.00
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)	\$ 5.00	\$ 5.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 166.63	\$ 166.63
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

Contributions from Other Political Committees Pg 1 of 1

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

Use this form to report contributions from other candidate, referendum or PAC committees

Committee Full Name (and brand applicable)		ID Number		
FRIENDS FOR DAN INGLE				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
FRIENDS FOR DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$ 5.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	In-Kind	FILING FEE	02/24/2022	\$ 5.00
				\$
				\$
Total by Party				\$ 5.00
Total by Candidate				\$ 5.00

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

a. Full Name (and Employer if applicable)					b. Loan Number	
FRIENDS FOR DAN INGLE						
Add Endorser Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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			
			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	Draft		\$ 3,600.00
l. Full Name of Lending Institution					m. Loan Number	
n. Endorser Values (the people who guarantee the loan)						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field	
			d. Percentage		e. Amount	
			%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on the end of Detailed Summary Page CRO-1410)</i>					\$ 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

1. Committee Full Name (and Amendment #)						2. Number
FRIENDS FOR DAN INGLE						
3. Type of Disbursement (Use State Statute CRO-1311 for definition of Disbursement)						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payer Information <input type="checkbox"/> <input type="checkbox"/> Recipient						
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		
				\$		
5. Total only this page					\$ 100.00	
6. Total of ALL CRO-1311 Pages					\$ 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)						
7. PURPOSE CODES (List detailed expenditure code in required remarks field)						
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						
* Codes require detailed explanation in required remarks field (10)						

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)						ID Number	
FRIENDS FOR DAN INGLE							
Disbursement (Please use only the CRO-1100 Form for each type of Disbursement) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
Add Information <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)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (m/m/dd/yyyy)	j. Amount	k. Required Remarks	
01		Draft	K	03/01/2022	\$ 61.63	CHECKS	
					\$		
Total only for Page						\$ 61.63	
Total for all Pages						\$ 61.63	
(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)							
Purpose Codes (use detailed expenditure code if applicable)							
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							
Codes require detailed explanation in required remarks field (k)							

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number
FRIENDS FOR DAN INGLE		
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
FRIENDS FOR DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217		<input type="checkbox"/> Individual <input checked="" 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
		\$ 5.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE	02/24/2022	\$ 5.00
		\$
		\$
4. Total only this Page		\$ 5.00
Total on all CRO-1510 pages		\$ 5.00

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. Committee Full Name (and number, if applicable)		2. ID Number	
FRIENDS FOR DAN INGLE			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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	
		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	j. Remaining Loan Balance
%		\$ 3,600.00	\$ 3,600.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 3,600.00
5. Total of All CRO-1430 Pages			\$ 3,600.00