

Amendment	
☐ Yes	IXI 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.

le Committee Information			The state of the s
a. Full Name FRIENDS FOR DAN I	-111.1F.	RECEIVE	C. ID Number
b. Mailing Address (include City, State and Zip Code)	_/v <i>o</i> ~		88-08-10047
6388 RASCOE RV		<u> </u>	g. Date Fileu
BURLING-TON, NC 2121	17	ALAMANCE COUN	TY e. Phone Number
BURLING-TON, INC 2121	<i>'</i>	BOARD OF ELECTION	ONS E-Prode Number
2. Report Year 3. Period Start Date (mm/dd/yy)	A Period En	d Date (mm/di/www.57)	
2022 02/24/2022	03/06/	7	BECKY LOY
Charles of the Charle	A 200 A	Contract of the Contract of th	e of reporte from one category)
	ncipal Organizational	State/County Organizational	Referendum Organizational
	Thirty-five day	Quarterly	Organizational Pre-referendum
	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
	Pre-runoff Semi-annual	Third Fourth	Annual
Building Fund	Mid Year	Semi-annual	☐ Special
	Year End	☐ Mid Year	10. Special Report Name
	Final	Year End	
8. Number of Fundraisers this Report.	Special	Final	
-0- L	Total Control of the	☐ Special	
11. Account Information a. Financial Institution Full Name	Z.CEALTPRESONS HITTARE	I. Account Information Financial Institution Full	The state of the s
Secretarized transport of the control of the second of the control	4.	ТПАнска тівацивоп в са	iyame
TRUIST	· oceanistant speed vise	Plate Architecture (1977) products with programs (1978) (1978)	
b. Purpose c. Account Code	D.	Purpose	c. Account Code
CHECKING ALC CAMPAZEN d. Period Begin Bal EXPENSES \$-B-			
ALC CAM PAZGN d. Period Begin Bal	ance		d, Period Begin Balance
EXPENSES 8-B-			\$
CERTIFICATION	1	to state of the st	
I certify that the Committee or Fund is in compliance	with all applica	ble provisions of Article	22A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are com	mingled with pr	rohibited or other non-dis	sclosed funds. I further certify that this
report is complete, true and correct and that I have been	en trained by the	e NC State Board of Elec	ctions.
BECKY LOY	Back	. dnes_	3.2.2022
Printed Name of Signer	Signat	ure of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received: <u>3-2-202</u>	Employee	, cons	<u>Delivery Method</u> ☐ Normal Mail
Date Postmarked:	Employee		Registered Mail Registered Mail Registered Registe
Date Scanned:	Employee		Llectronically Filed
Date Data Entered:	Employee	State of the state	☐ Signer has not received mandatory training
Please Note: This form cannot be used to an	nend committ	ee information such as	the committee address, treasurer,
assistant treasurer, custodi			
You must amend the Statement of C	Organization (*	CRO-2100A-E) to mal	ke committee changes.

Amendment ☐ Yes X

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

Use this form to summarize all disclosure reporting forms a	St. Linux I. General Annual Committee Commi	Control of the contro	
1: Committee Full Name (and Fund if applicable)			3. ID Number
FRIENDS FOR PAN INGIE	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	\$
REGERES			
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	er og foreige gjerke enne i gennegning mer ennen gjerke i men og enne preparet foreige framering. I sekter i klassif A. Leise fram de i Reise framering og framering stor i med skape i det ble stor fleste skap I sekter i klassif A. Leise fram de i Reise framering og framering stor foreige framering skape i stor framering		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$
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, 11	c, I Id and I Ie)	\$ 3605,00	\$ 3605,00
<u>EXPENDITURES</u>		4.4	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 61.63	\$ 61.63
13b) Contributions to Candidates/Political Commit	tees <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, 1	5, 16 and 17)	\$ 66.63	\$ 66.63
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line I 8)	\$ 3538.37	\$ 3538,37
ADDITIONALINFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430</i>)	\$ 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)	\$	\$

Loon	Dwa	a Land
Loan	Proc	ceeas

		Amendment
Pg	 of	Yes 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

1. Committee Full Name (and Fund if applicable).			2, ID Numl	ner e		
FRIENDS FOR DAN INGLE			88-0	890049		
	Add -			Remove		
a: Full Name, Mailing Address & Phone (include city; state, & zip)	b. Job Title/Profes	we do not the east of the artist of wheel		d. Comments		
DON WINGE	RETIRED CHILER O	c Poltra	c	and the first decision of the first of the first of the country		
1260 Parcal PD	c. Employer's Nam	N THE SECTION OF THE		e. Start Date (mm/dd/yyyy)		
DAN W. INGLE 6388 RASCOE RD. BUKLINGTON, NC 27217			ene anelgeberet <u>Creeke</u>	03/01/2022		
BULLINGIONING				f. End Date (mm/dd/yyyy)		
				12/31/2022		
g. Rate h. Security Pledged i.	Account Code	j. Form of Pay		k-Amount		
%		DRAFT)	\$ 3600.00		
l, Full Name of Lending Institution			m: Loan	Number		
4. Endorsers/Makers (The people who guarantee the						
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Prof	ession	c. Emple	oyer's Name/Specific Field		
	<u>83.</u>					
	d.Percentage		e. Amou	nt		
		9/	6 \$			
a. Full Name, Mailing Address & Phone	b. Job Title/Prof	ession	c.Emplo	yer's Name/Specific Field		
(include city, state, & zip)			7,000			
	d.Percentage		e. Amou	nt ,		
		%				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profe	ession	e. Emplo	yer's Name/Specific Fleid		
(mentoe city, state, & Ap)	32					
	d. Percentage	85, -7, F. B. S. J.	e, Amou	nt		
	,	%	\$			
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ession	c. Emplo	yer's Name/Specific Field		
(include city, state, & zip)		<u> Series de la companya de la compa</u>		• • • • • • • • • • • • • • • • • • •		
		ang	gyest ransa kees 'es			
	d. Percentage		e. Amou	nt .		
		%	\$			
5. Total of ALL CRO-1410 Pages			\$	3600,00		
(This line must be on line 9 of Detailed Summary Page CRO-1100)			T	ンしてい		

Contributions from Individuals	Pg	of		Yes M No
Use this form to report individual contributions over a Committee Kull Name (and Fund I supplicable		er\$50 if form CR	O 1205 is no 2. ID Nun	
	A STATE OF THE STA		- Company Company Company	
FRIENDS FOR DAN INGE			188-0	1890049
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem	iove		
(include city, state, & zip)	THE CO.		d. Commen	n je vojetnoje na zastala za kontra i je vojetno na provincije na je vojetno prego tali se se
TOON IN INGLE	LETIKED		FILZ	NG FEE
BSS RASCOE RD.	c. Employer!s Name/Sp	ecinc Kield		
DAN W. INGLE 6388 RASCOE RD. BURLINGTON, NL 27217	ļ		e. Election S	um to Date
			\$ 5	5.00
Complete Self Self Self Self Self Self Self Sel	In-Kind Description	j. Date (mm/dd/y	(уу)	k. Amount
□ Cos H	KILING FEE	07/24/8	2027	\$ 5.00
		1	:	\$
				\$
3. Contributor Information	☐ Add ☐ Rem	ove		
a, Full Name, Mailing Address & Phone	b. Job Title/Profession		d. Comment	S
(include city, state, & zip)	32.3			
	c: Employer's Name/Spe	ecific Field		
			e. Election S	um to Date
			\$	
f. Prior g. Account Code b. Form of Payment i.	In-Kind Description	j. Date (mm/dd/yy	and a second control of the second control of	k. Amount
		<u> 1944 - Principal de la companya de</u>	 Interpretation of the second se	\$
			V	\$
			- :	\$
3. Contributor Information] Add □ Rem	OV/e		*
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		d. Comment:	
(include city, state, & zip)				
·	c. Employer's Name/Spe	cific Field		
			avanta de constituir	
			e. Election S	im to Date
			\$ ************************************	
f. Prior g. Account Code h. Form of Payment L.	In-Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
				\$
				\$
				\$
4. Total only this Page			\$ 5,	0 0
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-	7700		\$ 5.	

Amendment

In-Kind Contributions Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded			. /_ he com	Amendment Wes No mittee or fund.		
1. Committee Full Name (and Fund if applicable)			2.10) Number		
FRIENDS FOR DAN INGLE			88	-0890049		
AND THE PARTY OF T	Remove.		T			
a.Full Name, Mailing Address & Phone (include city, state, & zip)	1	f Contributor dividual	1 (084-049-05%)	mments		
DAN INGLE 6388 RASCOERP. BURLIN GTON, NG 27217	2 C	andidate arty	FILING FEE			
1388 RASCOERT7217	1	AC				
RIVELEN GTON, NG 2121	1 =	eferendum	d. Election Sum to Date			
PVKU ,	□ O1	ther Receipt Source		\$ 5,00		
c. Description	200	f. Date (mm/dd/y)	уу).	g. Fair Market Amount		
FILING FER	<u> </u>	02/24/2	.02 ²	\$ 5,00		
			<u></u>	\$		
· · · · · · · · · · · · · · · · · · ·	ı			\$		
The state of the s	ėmove -	N. S.				
a. Full Name, Mailing Address & Phone (include other state, & str.)		Contributor dividual	c, Cor	mments		
(include city, state, & zip)		ndidate				
·	Par					
	☐ PA					
		ferendum her Receipt Source		ction Sum to Date		
	L	161 Recorpt Source	\$			
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
				\$		
				\$		

Disbursements	Dα	1			Ame	ndment Yes	À	No
Disp at sometimes	rg		01			I CS		TAG
Has this form to remort arranditures from the committee for an areating	avnancec	contribution	an to	oon dido	ta/nali	tion 1		

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

1. Committee I	ull Name (and Fun	d if applicable)						2.ID Number
FRIENDS	FOR DAN IN	ble						88-0890049
3. Type of Disb		ise use separate C	RO-13	10 forms	for each t	ype of Disbursem	ent.)	
Operating l	Expenses 🔲	Contributions to Ca	ndidates/	Political Co	mmittees	☐ Ca	ordinate	ed Party Expenditures
4. Payee Inform	nation		Add			Remove		
a. Full Name, Mail	ling Address & Phone		b. Coo	rdinated (Committee N	lame	d, Co	mments
(include city, state		en de la companya de La companya de la co						
							600	MMZTTEE
1011451			c, Leve	l Register	ed (Specify)			HECAST
7-7-7	a a to of			Federal	7	County:	j'	(IECT()
236 5 1	MAIN ST. , NC 2725	ر د		State		Municipality:	e. Ele	ction Sum to Date
GRAHAM	,NG 2725	<i>5</i>				<u>-</u>		* The state of the
							\$ 6	1.63
f. Account Code	g. Form of Payment	h. Purpose Code	i.D	ate (mm/d	d/vvvv)	j. Amount	k Rec	quired Remarks
				1	1	100000000000000000000000000000000000000		
	PRAKT		10	3/01/	2022	\$ 61.63	di	20UNP 6245
			+	//			-,,,	
			ŀ			\$		
4. Payee Inform	ation		Add		· Fi	Remove 1		
and the second of the second o	ing Address & Phone		en sant-betrefestersen	rdinated C	Committee N	A 10 12 TOTAL PROGRAMMENT AND APPROXICATION OF THE PROGRAMMENT AND APPROXICATION OF T	d Co	mments
(include city, state,	STATE OF THE PROPERTY OF STATE OF	Parchausts	-MISSEL				1074 Y 8	
·(memuerity, state,	C ZID)							
		ļ	ia rawa	l Danistar	ed (Specify)			
		Ì		Federal		County:		
			岩			•		
			<u> </u>	State	<u></u>	Municipality:	e. r.iec	ction Sum to Date
							\$	
		L Dismon Code					安全的数型 化线	
f. Account Code	g. Form of Payment	h. Purpose Code	LU	ite (mm/do	луууу)	j. Amount	k. Keg	puired Remarks
						\$		
	·	·						
]			\$		
			THE SECURITY OF SHEAR		VA 2778 S. W (1935)		a compression	D. S. M. STEPPEN STATE OF THE S
4. Payee Inform	Decreases Confession Laures Menathric 1959		Add			Remove		
a. Full Name, Maili	ng Address & Phone 🗀	7/2-640-00-7	b. Coor	dinated C	ommittee Na	ime	d. Con	nments
(include city, state,	& zip)							
			TOTAL STORES SEE	State of the College Court of the College	Constitution and the factor			
		2	ARRIVADA ANALONISTA DE		d (Specify)	The property of		
		1	<u></u>	Federal	╚	County:		
			<u> </u>	State	L	Municipality:	e. Elec	tion Sum to Date
							\$	
							·	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Da	te (mm/do	I/уууу)	j. Amount	k, Req	uired Remarks
	ļ		-			\$		
						Φ		
						\$		
						Ψ		
5. Total only thi	s Page						\$	
6. Total of ALL	CRO-1310 Pages							·
(This line goes in l	line 13a of Detailed Sum	maryPage CRO-1100	if Opera	ting Expen	ises)		\$ 7	6/263
· ·	line 13b of Detailed Sum	• •	-			-	Ψ 7	
weeks, a secondary of the secondary secondary	line 13c of Detailed Sum	and the second state of th	The control of the control of the		ty Expenditu	res)		
	s (List detailed exp			/e)				
A* - Media	B* - Printing	C*-Fand				D - To Anothe		
E - Salaries	F* - Equipment	G - Politica		<u> </u>				Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	Expen	ses		Ų" - Donatioi	to Leg	al Expense Fund
	detailed explanati	nnin required re-	narbei	Sela da				
couco require		on in redain east et	LG1 NS	Liu (n)			width Service	STEERING TO SEE STATE OF THE SECOND SECTION OF THE SECOND