

# 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

<b>1. Committee Information</b>	
<b>a. Full Name</b> Regina for Winston	<b>c. ID Number</b> 12
<b>b. Mailing Address (include City, State and Zip Code)</b> P.O. Box 11172 Winston-Salem, North Carolina 27116	<b>d. Date Filed</b> 1/22/24
	<b>e. Phone Number</b> 336-654-8211

REPORT FILED  
 ELECTRONICALLY  
 SEE STATE WEBSITE  
 FOR COMPLETE REPORT  
 WWW.NCSBE.GOV


<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yy)</b> 11/21/23	<b>4. Period End Date (mm/dd/yy)</b> 12/31/23	<b>5. Treasurer Full Name</b> Raneesha Ford Jefferson
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<b>State/County</b>	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<b>Referendum</b>
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Final
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Supplemental Final
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Annual
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<input type="checkbox"/> Special
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>11. Account Information</b>			
<b>a. Financial Institution Full Name</b> Truist		<b>a. Financial Institution Full Name</b> Truist	
<b>b. Purpose</b> Candidate	<b>c. Account Code</b> 12	<b>b. Purpose</b>	<b>c. Account Code</b>
<b>Committee Account</b>	<b>d. Period Begin Balance</b> \$ 0.00		<b>d. Period Begin Balance</b> \$

**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 of Elections.

Raneesha F. Jefferson  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

1/22/24  
 Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input 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.