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.

1. Committee Information	DII						
a. Full Name							c. ID Number
VIVIAN JOINER FOR							
b. Mailing Address (include City, State and Zip Code)							d. Date Filed
210 VINTAGE AVE WINSTON SALEM, NC 27127						01/09/2025	
							e. Phone Number
							(336) 777-0312
2. Report Year 3. Period Start Date (mm/dd/			y) 4. Period End Date (mm/dd/yy) 5. Trea			5. Treasur	er Full Name
2024 10/22/2024			12/31/2024 MAI				TH KENNEDY
6. Type of Committee (Check One)			e of Repor	t (che	type of rep	ort from one category)	
(man)	Party	Munie	-	S	tate/County		Referendum
] PAC		Organizatio	1] Organizatio	nai	Organizational
	Legal Expense Fund	-	Thirty-five	- 1	Quarterly		Pre-referendum
	plicable, check one)		Pre-primar		First		🗖 Final
"Booster Fund" Building Fund			Pre-election	r (⊑	Second		Supplemental Final
			Pre-runoff				Annual Annual
 Presidential Election Year Candidates Fund NC Public Campaign Financing Fund 			Semi-annual Fourth Mid Year Semi-annual				Special
	anong runa		Mid Ye Year E		Semi-annual		
Other:			Final			= (10. Special Report Name
8. Number of Fundraiser	e this Donast		Special		Year Ei Final	พา	
	s tuis report		special				
0				L	Special		8
3. Account Information				3. Accou	nt Informati	on	1 S 3 3
a. Financial Institution Full Name				a. Financ	ial Institutio	n Fall Nam	e 22
FIRST BANK							
b. Purpose	c. Account Co	de		b. Turpos	ie		c. Account Lude
FOR RECEIPTS &			1				
EXPENSES							
d. Period Begin		n Balan	ce				d. Period Begin Balance
	\$		1,254.69				\$
CERTIFICATION I certify that the Commi Chapter 163 of the NC C funds. I further certify Mariswh Ke Printed Name	Eneral Statutes and that this report is co ANEDU	that no	true and c	comming) orrect and	led with nrob	ibited or or been traine	2A, 22B & 22D-22M of ther non-disclosed d by the NC State Board 01/09/2025 Date
FOR OFFICE IS EONLY				/	Q		
Date Received: Employ				/ee:	-		very Method Normal Mail
Date Postmarked:	ostmarked: Emplo			vee:			Registered Mail Hand Delivered
Date Scanned:	Employ			yee:			Electronically Filed
Date Data Entered:	red: Emplo			PCC.			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. CRO-1000 NC State Board of Elections December 2007							