

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 GRAY WILSON FOR COUNTY COMMISSIONER | c. ID Number FOR-J24V9V-C-001 |
| b. Mailing Address (include City, State and Zip Code) 380 KNOLLWOOD ST WINSTON SALEM, NC 27103 | d. Date Filed 1/26/2024 |
| e. Phone Number | |

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

| | | | |
|------------------------|--|---|--|
| 2. Report Year 2023 | 3. Period Start Date (mm/dd/yy) 11/9/2023 | 4. Period End Date (mm/dd/yy) 12/31/2023 | 5. Treasurer Full Name Collin McMichael |
|------------------------|--|---|--|

| | | | | |
|---|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

FORSYTH COUNTY
 2024 JAN 29 PM 2:02

| | | | |
|---|------------------------------------|--------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Truist Bank | a. Financial Institution Full Name | b. Purpose Checking | c. Account Code |
| b. Purpose Checking | c. Account Code 01 | b. Purpose Checking | c. Account Code |
| d. Period Begin Balance \$ | d. Period Begin Balance | 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 of Elections.

Collin McMichael _____ 1/26/2024

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail |
| Date Scanned: _____ | Employee: _____ | <input type="checkbox"/> Registered Mail |
| Date Data Entered: _____ | Employee: _____ | <input type="checkbox"/> Hand Delivered |
| | | <input checked="" type="checkbox"/> Electronically Filed |
| | | <input type="checkbox"/> 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.

PO Box 97275
Raleigh, NC 27624

CERTIFIED MAIL



7022 2410 0002 6395 0782



Forsyth County Board of Elections
201 N. Chestnut Street
Winston-Salem, NC 27101

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