## **Disclosure Report Cover**

Amendment

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 In	formation		Rung					
a. Full Name	,	> <del>&gt;&gt;&gt;+++++++++++++++++++++++++++++++++</del>	***********	,			************************	c. ID Number
BRADLEY TAY	LOR FOR COU	UNCIL						ECQR4Q
b. Mailing Addre	ss (include Ci	ity, State and Zi	p Code)	<b>*</b>	***************************************			d. Date Filed
1745 AMMONS CLEMMONS, N								10/12/2023
								e. Phone Number (336) 408-8501
2. Report Year	3. Period Sta	rt Date (mm/dd/	(yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treasi	urer Full Name
2023	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01/01/2022		* *************************************	09/26/2	*************************************		Y TAYLOR
6. Type of Comn  Candidate Can  Joint Fundraise Referendum  7. Type of Fund Building Fund Presidential El NC Public Can  Other:  8. Number of Fu  3. Account Infor	npaign Par er PA  Leg (**J' applicab**  "  Lection Year Can npaign Financing  undraisers this	nty AC egal Expense Fund ole, check ons) ndidates Fund g Fund	Munic	organization Thirty-five Pre-primary Pre-election Pre-rumoff Semi-annua Mid Yay Year E. Final Special	enal day y n 1 tear	State/County Organization Quarterly First Second Third Fourth Semi-annua Mid Ye Year F Final Special	oral i il ear ind	Referendum Organizational Pre-referendum Final Supplemental Final Annual Special 10. Special Report Name
3. Account Intor a. Financial Insti		ACTOR AND DESCRIPTION OF THE PERSON OF THE P				o <mark>unt Informat</mark> ncial Instituti		
ALLEGACY FEI		***********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a. Lun	aciai mantuu	OH PHILLYR	me
b. Purpose BRADLEY TAYI COUNCIL CAMI ACCOUNT		d. Period Begin	T2021 n Balan	ice	ь. Ригр	Amen	ded	c. Account Code d. Period Begin Balance
Chapter 163 of funds. I further Property Propert	he Committee of the NC General er certify that the Committee of Stringer Name of Stringer	ral Statutes and this report is co	i that no	o funds are	commir orrect a	ngled with pro	hibited or	22A, 22B & 22D-22M of other non-disclosed ned by the NC State Board  10/12/2023  Date
FOR OFFICE US	SE ONLY							
Date Receive				Emplo			- <u>D</u>	elivery Method Normal Mail Registered Mail
Date Postma  Date Scanne				Employ Employ			-	Hand Delivered Electronically Filed
Date Data Er				Emplo	113			Signer has not received mandatory training
	assista	cannot be used int treasurer, cus	ıstodian	of books i	nfomat	ion, or accoun	nt informat	mittee address, treasurer, tion.

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

Amendment

Yes No

	2023 Special	***************************************	E	CQP	) LL D
DAIDEET THE BOAT ON COOKIES		2000			otal this
Start of Election Cycle: January 1,			l this ng Period		ction Cycle
4) Cash on Hand at Start		\$	1,142.12	S	1,141.83
RECEIPTS				7101	
5) Aggregated Contributions from Individuals	(CRO-1205)	Ś	0.00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	S	5.00	\$	5.00
7) Contributions from Political Party Committees	(CRO-1220)	S	0.00	S	0.00
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	S	0.00
9) Loan Proceeds	(CRO-1410)	S	0.00	S	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	S	0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	S	0.98	S	0.98
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	S	0.00	S	0.00
11c) Outside Sources of Income	(CRO-1250)	S	0.00	S	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	s	0.00	S	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	S	5.98	S	5.98
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	S	11.32	S	11.33
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	S	0.0
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	\$	0.0
14) Aggregated Non-Media Expenditures	(CRO-1315)	s	0.00	S	0.0
15) Loan Repayments	(CRO-1420)	S	0.00	S	0.0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	S	0.00	\$	0.0
17) In-Kind Contributions	(CRO-1510)	S	0.00	S	0.0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	S	11.32	S	11.3
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	S	1,136.78	S	1,136.4
ADDITIONAL INFORMATION	<b>禁止を 311</b> 度	PER PUL		Total Control	44.74
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	S	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	5	0.00	S	0.0
26) Forgiven Loans	(CRO-1440)	S	0.00	S	0.0
27) 48-Hour Notice Reports Sum	(CRO-2220)	S	0.00		0.0
28) Contributions to be Refunded	(CRO-1215)	S	0.00	\$	0.0

		om Individuals				of 1	_	Amendme	X No
		dividual contribution (and Fund if applicab		ontributions	under S	550 if form CRO	180	is not use D Number	
	EY TAYLOR FOR		IE)	1 <del>-</del> 2,700,740,740,700,790,700,777,777	Y44447, , , 1144444	,1.111111(444444,11114444444444444444444		COR	************************
3. Cont	ributor Informati	on		Add 🔲 I	Remove				
a, Full N	ame, Mailing Ad	iress & Phone		b. Job Title	Profess	ion	d. C	Comments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BRADI 1745 Al	de city, state, & z LEY TAYLOR MMONS DRIVE MONS, NC 27012 08-8501	ip)		UNIVERSITENGAGEM c. Employer HIGH POIN	ENT 's Name	/Specific Field	e. I	lection Su	m to Date
							S		5.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. D	ate (mm/dd/yyyy	)	k. Amoun	t
	BT2021	Cash				07/07/2023		s	5.00
								s	
								S	
4. Tot	al only this Pa	ge					S		5.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)				S		5.00

NC State Board of Elections

April 2007

CRO-1210

Other Receipt Sources	
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BRADLEY TAYLOR FOR COUNCIL  3. Type of Receipt Source   Please use separate CRO-1250 forms for each type of Receipt   Management   Contributions from Not-for-Profit Organizations   Outside Source   Contribution from Not-for-Profit Organizations   Outside Source   Management   Add   Remove    b. Not-for-Profit Federal ID #   d.    c. Outside Source Explanation   Countribution   Countribution   Countribution   Countribution   Countribution    BT2021   Cash   Cas	ID Number  ECQR4 Q  t Source.) es of Income  Comments  Flection Sum to Dat	2. ID Numb  ECQ!  ipt Source.)  mees of Incom  d. Comment  e. Election S  S  yy) j. Amou
BRADLEY TAYLOR FOR COUNCIL  3. Type of Receipt Source   Please use separate CRO-1250 forms for each type of Receipt   Interest   Contributions from Not-for-Profit Organizations   Outside Source   Add   Remove    4. Contributer Information   Add   Remove    5. Not-for-Profit Federal ID #   d. (Include city, state, & zip)    ALLEGACY FEDERAL CREDIT UNION   PO BOX 26043    WINSTON-SALEM, NC 27114   Cash   O1/31/2022    BT2021   Cash   O1/31/2022    BT2021   Cash   O2/28/2022    6. Contributor Information   Add   Remove    6. Full Name, Mailing Address & Phone (include city, state, & zip)    ALLEGACY FEDERAL CREDIT UNION   PO BOX 26043    WINSTON-SALEM, NC 27114   C. Outside Source Explanation    BT2021   Cash   D. Not-for-Profit Federal ID #   d. (Include city, state, & zip)    ALLEGACY FEDERAL CREDIT UNION   C. Outside Source Explanation    BT2021   Cash   O3/31/2022    BT2021   Cash   O3/31/2022    BT2021   Cash   O4/30/2022    6. Contributor Information   Add   Remove    6. Remove   D. Not-for-Profit Federal ID #   D. (Include city, state, & zip)    6. Contributor Information   Add   Remove    6. Remove   D. Not-for-Profit Federal ID #   D. (Include city, state, & zip)    6. Contributor Information   Add   Remove    6. Remove   D. Not-for-Profit Federal ID #   D. (Include city, state, & zip)    6. Contributor Information   Add   Remove    6. Not-for-Profit Federal ID #   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include city, state, & zip)    6. Contributor Information   D. (Include	ECORUQ t Source.) es of Income Comments  Election Sum to Dat	ipt Source.)  ipt Source.)  irces of Incom  d. Comment  e. Election S  S  yy) j. Amoun
S. Type of Receipt Source   Please use separate CRO-1250 forms for each type of Receipt   Interest	Source.) es of Income  Comments  Election Sum to Dat  () j. Amount \$	e. Election S S yy) j. Amou
3. Type of Receipt Source   Please use separate CRO-1250 forms for each type of Receipt   Interest	Source.) es of Income  Comments  Election Sum to Dat  () j. Amount \$	e. Election S S yy) j. Amou
Interest	Comments  Election Sum to Dat  ()  j. Amount  \$ 0	d. Comment  e. Election S  S  yy) j. Amou
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(include city, state, & zip)  ALLEGACY FEDERAL CREDIT UNION PO BOX 26043 WINSTON-SALEM, NC 27114  E. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 01/31/2022  BT2021 Cash 02/28/2022  A. Contributor Information Add Remove h. Not-for-Profit Federal ID # d. Grant Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 0. Not-for-Profit Federal ID # d. Grant Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 03/31/2022  BT2021 Cash 04/30/2022  BT2021 Cash 04/30/2022  Add Remove h. Not-for-Profit Federal ID # d. Grant Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 04/30/2022  BT2021 Cash 04/30/2022  Add Remove h. Not-for-Profit Federal ID # d. Grant Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 04/30/2022	Election Sum to Dat  ()  j. Amount  \$ 0	e. Election S S 333) j. Amou
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BT2021 Cash 01/31/2022  BT2021 Cash 02/28/2022  Contributor Information	\$ 0	\$
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Add Remove  L. Full Name, Mailing Address & Phone (include city, state, & zip)  ALLEGACY FEDERAL CREDIT UNION PO BOX 26043 WINSTON-SALEM, NC 27114  E. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 03/31/2022  BT2021 Cash 04/30/2022  Contributor Information Add Remove  L. Full Name, Mailing Address & Phone (include city, state, & zip)  ALLEGACY FEDERAL CREDIT UNION	\$ (	s
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C. Outside Source Explanation  WINSTON-SALEM, NC 27114  C. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  BT2021 Cash 03/31/2022  BT2021 Cash 04/30/2022  Contributor Information		
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ALLEGACY FEDERAL CREDIT UNION	Comments	d. Comment
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WINSTON-SALEM, NC 27114		
e.I	Election Sum to Date	e. Election S
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Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)	j. Amount	yy) j. Amour
BT2021 Cash 05/31/2022		\$
BT2021 Cash 06/30/2022	\$ 0	\$
5. Total only this Page		
5. Total of ALL CRO-1250 Pages	\$ (	S

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

Amendment

Other Rec	eipt Sources		D.,	2 of 4		Amenda	nent N No
	report income not rep	orted on another form			_	IRC KAN	2020-1000- F MA
	ill Name (and Fund if					D Numbe	
BRADLEY TAY	LOR FOR COUNCIL				Œ	CQR	LIQ
3. Type of Recei		es separate CRO-1250 outions from Not-for-Pro					ė
4. Contributor l	nformation	□ A	dd Reme	ove	allin'i	nus els	
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)	b.	Not-for-Profit	Federal ID #	d. C	omment	\$
ALLEGACY FEI PO BOX 26043 WINSTON-SALI	DERAL CREDIT UNIO		Outside Sour	ce Explanation			
WINDION-DALI	DIVI, NC 27114				e. E	lection S	um to Date
					\$		0.98
f. Account Code	g. Form of Payment	h. In-Kind Descriptio	n i.	Date (mm/dd/y	yyy)	j. Amour	ıt
BT2021	Cash			07/30/2022		\$	0.05
BT2021	Cash			08/31/2022		\$	0.05
4. Contributor L	nformation	□ Ac	id Remo	ove	150		
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)	b. :	Not-for-Profit	Federal ID #	d. C	omment	\$
ALLEGACY FEI PO BOX 26043 WINSTON-SALI	DERAL CREDIT UNIO		Outside Sourc	e Explanation			
WINDI ON-DALI	5.01, NC 27114				e. El	ection S	um to Date
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f. Account Code	g. Form of Payment	h. In-Kind Description	n i.	Date (mm/dd/y)	(33)	j. Amour	ıt
BT2021	Cash			09/30/2022		\$	0.05
BT2021	Cash			10/31/2022		\$	0.05
4. Contributor li		□ Ac	ld Remo	ove			English I
(include city, s	***************************************	***************************************	Not-for-Profit	Federal ID#	d. C	omment	\$
ALLEGACY FEI PO BOX 26043	DERAL CREDIT UNIO		Outside Sourc	e Explanation			

						lection Sum to	
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BT2021	Cash			11/30/2022		\$	0.05
BT2021	Cash			12/31/2022		\$	0.05
5 Total only	this Page	THE STATE OF STREET	THE WAY	A STATE OF THE STA	\$		0.30

WINSTON-SALEM, NC 27114

. I otal of ALL CKO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

**Other Receipt Sources** Amendment Pg 3 of ☐ Yes ▼ No Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc. 1. Committee Full Name (and Fund if applicable) 2. ID Number BRADLEY TAYLOR FOR COUNCIL ECORUR [Please use separate CRO-1250 forms for each type of Receipt Source.] 3. Type of Receipt Source Contributions from Not-for-Profit Organizations Outside Sources of Income X Interest 4. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) ALLEGACY FEDERAL CREDIT UNION PO BOX 26043 c. Outside Source Explanation WINSTON-SALEM, NC 27114 e. Election Sum to Date 0.98 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount BT2021 Cash 01/31/2023 \$ 0.05 BT2021 Cash 02/28/2023 \$ 0.04 4. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) ALLEGACY FEDERAL CREDIT UNION PO BOX 26043 c. Outside Source Explanation WINSTON-SALEM, NC 27114 e. Election Sum to Date 0.98 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount BT2021 Cash 03/31/2023 5 0.05 BT2021 Cash 04/29/2023 5 0.05 4. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) ALLEGACY FEDERAL CREDIT UNION PO BOX 26043 c. Outside Source Explanation WINSTON-SALEM, NC 27114 e. Election Sum to Date 5 0.98 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount BT2021 Cash 05/31/2023 \$ 0.05 BT2021 Cash 06/30/2023 5 0.05 5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

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0.98

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Other Receipt Sources			
lea this farm 4	Pg	4	4

Amendment ☐ Yes ☑ No

3. Type of Reco	YLOR FOR COUNCIL			2. ID Numl	
X Interest	☐ Cont	use separate CRO-1250 forms	for each type of Re	ceipt Source.)	
4. Contributor a. Full Name, M (include city,	ailing Address & Phor	☐ Add ☐	Remove -Profit Federal ID #	d. Commen	180
ALLEGACY FE PO BOX 26043	DERAL CREDIT UNIO		Source Explanation	e. Election S	um to Date
				S	**********************
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Account Code BT2021	g. Form of Payment  Cash	h. In-Kind Description	i. Date (mm/dd/y)	_	
BT2021	Cash	h. In-Kind Description	i. Date (mm/dd/y) 07/31/2023	_	t
BT2021	Cash Cash	h. In-Kind Description		yy) j. Amoun	0.03
BT2021 BT2021 Total only 1	Cash Cash		07/31/2023	(33) j. Amoun	0.9 t 0.05 0.10

## Disbursements X No

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

***	TITLOR FOR C	party expendit id Fund if applic OUNCIL				2. ID Number
3. Type of I	Disbursement (	Plane				
- Operatin	ig Expenses	C-	to Candidates Political Com	or each time	(D)	ECQIZHQ
4. Pavee In	formation	Contributions	to Candidates/Political Com	nittees	Disoursem	ent.)
a Full Name	e. Mailing Addess	s & Dt.	☐ Add	Remov	Coordina	ted Party Expenditures
Control of the last of the las	, State, or zin)	s & rhone		linated Comm	e itan N	
LC GOA CE	NTER	***************************************			intee Name	d. Comments
NC						=======================================
1			c. Level	Registered (Sp	ecify)	
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