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 Information					
a. Full Name				c.	ID Number
TERI4MCDOWELL				<u>:</u>	3GW23H
b. Mailing Address (include C	ity, State and Zip Co	ode)		d,	Date Filed
PO BOX 1091 MARION, NC 28752					07/02/2024
1741 XX 12 W 2 1 9 2 1 W W W W W W W				e.	Phone Number
					(828) 768-4569
2. Report Year 3. Period Sta	rt Date (mm/dd/yy)	4. Period	End Date (mm/dd/yy)	5. Treasurer	Full Name
2024	02/18/2024		06/30/2024	TERI STAH	ARA
6. Type of Committee (Check	One) 9.	Type of Report		type of report	from one category)
		ınicipal	Smit, County		eferendum
	AC D	Organizatio	ļ —	1	Organizational
	egal Expense Fund	Thirty-five			Pre-referendum
	ble, check one)	Pre-primary Pre-election	 ,	_	Final
		Pre-election Pre-runoff	n		Supplemental Final
Building FundPresidential Election Year Ca	I—	Semi-annua	1	-	Annual Special
NC Public Campaign Financin		Mid Ye	ļ —	, L	opeciai
a 1101 done cumpulga i manon		Year E		,	Cassial Descript Norse
7 Other:	片	Final	Year E	S-B-S). Special Report Name
. Number of Fundraisers th	s Report	Special	Final		
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	d. Period Begin Ba	lance		đ.	Period Begin Balance
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CERTIFICATION					
I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that Printed Name of	eral Statutes and tha this report is compl	t no funds are ete. true and co	commingled with prol	nibited or oth been trained	er non-disclosed
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Date Received:	7-3-24	Employ	лее: <u>В</u> О		ry Method
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Date Scanned:		Employ	/ee:	☐ Ele	ectronically Filed
Date Data Entered:		Employ	/ee;		gner has not received indatory training
	nt treasurer, custod	ian of books ir	e information such as aformation, or accoun CRO-2100A-E) to mak	the committe t information.	e address, treasurer,
CRO-1000		NC State Board o			December 2007

		m Individuals	ው ድረ	Pg	1 of	3	Amendmer Yes	
		ividual contributions of the c	www.commSomeron.com/	or contributions und	er \$50 it form CK	2. ID Nun		
teri4McI	100 miles 100 mi						3GW23A	
3. Contr	ibutor Informati	01	×	Add Rei	nove			
· 🛊	me, Malling Address	& Phone		b. Job Title/Profession		d. Comment	S	
EILEEN	city, state, & zip) HINES			RETIRED				
	iage Station, Mari	on, NC 28752		c. Employer's Name/Sp	ecific Field			
8132940° 	357					e. Election S	um to Date	
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	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
JOHN W	city, state, & zip)			RETIRED				
	E STREET, MAE	RION, NC 28752		c. Employer's Name/Sp	ecific Field			
(508) 733	7-4797					- Fil. 41 . 6		974 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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	Territoria de la compansión de la compan	li mi en	31 . 4 . 4.		el transition de la company	\$	546.07	
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200000000000000000000000000000000000000	ibutor Informati			Add Rer	nove	d. Comment:		
1 13 PASSAS	ne, Mailing Address city, state, & zip)	& Phone		RETIRED		u. Comment	3	
BRIDGE	T J DUNFORD							
525 Patto (828) 442	on Valley Dr., Neb 2-0790	00, 28761		c. Employer's Name/Sp	ecific Field			
(020) 112	5 0750					e. Election S	um to Date	
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CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

April 2007

		m Individuals		Pg		of <u>3</u>	Yes	No No
		vidual contributions of		or contributions und				
1. Comm	iittee Full Name (and Fund if applica	ble) <u>"</u>			2. ID Num	iber	
teri4McD	Dowell						3GW23A	
3, Contr	ibutor Informatio) II		Add 🗌 Rei	nove			en ang ang ang ang ang ang ang ang ang an
and the second of the second	ne, Malling Address	& Phone		b. Job Title/Profession		d. Comment	<u>s</u>	
	city, state, & zip) CALDWELL			NOT EMPLOYED	,			
	ise Path, Marion,	NC 28752		c. Employer's Name/Specific Field		Till the second		
(703) 470								· · · · · · · · · · · · · · · · · · ·
						e. Election S	um to Date	
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	ibutor Informatio				nove			
	ne, Mailing Address o city, state, & zip)	ž Phone		b. Job Title/Profession TEACHER		d. Comment	· · · · · · · · · · · · · · · · · · ·	
Jo-Ann H				1124CHAC				
278 Villa	ige Green Drive,			c. Employer's Name/Sp				
NY,1177				Three VillageCEN	TRAL SCHOOL			The Arthurson St
631-730	-4000			Suffolk Ave		e. Election S	um to Date	
				Nyc		\$	761.82	
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	ne, Mailing Address &			b. Job Litte/Profession		d. Comment:	3	
	city, state, & zip)			RETIRED/ATTOR	RNEY			
KAY HO	OUSE enview St			c. Employer's Name/Sp	pecific Field			
Marion, 1	NC 28752							
(828) 652	2-8442					e. Election S	um to Date	
						\$	857.89	
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	l of ALL CRO	-1210 Pages Detailed Summary Page C	DO 1100			\$	785 1862 5 Ores Co.	757.89
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Amendment

		m Individuals		Pg	<u>3</u> of	3_	Yes No	
				or contributions unde	r \$50 if form CR			
		(and Fund if applicat	ole) ''			2. ID Num		
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	ie, Malling Address d	& Phone		b. Job Title/Profession RETIRED		d. Comment	5	
	city, state, & zip) AARCLA SINCLA	AIR		KETIKED				
150 SEPT	TEMBER DRIVE			c. Employer's Name/Spe	ecific Field	1		
MARION 8258-738	I, NC 28752			<u> </u> 		e. Election Sum to Date		
0230-130	-5545					\$	1157.89	
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(include	city, state, & zip)							
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Incinac	city, state, & zip)	Charles and the second of the	<u>tes l'entilles :</u>	<u>.</u>				
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(This lin	e must be on line 6 of	Detailed Summary Page C	RO-1100			-	1111 AZ 2021.	

Amendment

Disbursements

Pg 1 of 1 Amendment Yes

No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number							
teri4McDowell					3GW23A		
and the state of the second state of the secon			RO-1310 forms for each ty				
Operating E		Contributions to Can	ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,				!	BUSINESS CARDS		
GRAPHICS WA		ļ		· · · · · · · · · · · · · · · · · · ·			
224 DRIVE, W		į	e, Level Registered (Specify)				
MARION, NC	28752	ļ	Federal 🔀	County:			
828-230-2961		ļ	State	Municipality:	e. Election Sum to Date		
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a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)			I			
		ļ	c. Level Registered (Specify)				
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(This line goes in	\$ 138.24						
· -	=) if Coordinated Party Expenditu				
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund		
O* - Other							
* Codes requir	e detailed explanati	on in required re	marks field (k)		- HRCHIVED		