

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		c. ID Number
a. Full Name PAULA MCCOY 4 NEW		
b. Mailing Address (include City, State and Zip Code) 361 IVY PARK LANE WINSTON SALEM, NC 27104-5062		d. Date Filed 03/06/2024
		e. Phone Number (336) 757-2286

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

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/2024	4. Period End Date (mm/dd/yy) 02/17/2024	5. Treasurer Full Name JENNIFER CASEY
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Final	
		<input checked="" type="checkbox"/> Special	
		<input type="checkbox"/> Organizational Quarterly	
		<input type="checkbox"/> First	
		<input type="checkbox"/> Second	
		<input type="checkbox"/> Third	
		<input type="checkbox"/> Fourth	
		<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Year End	
		<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	
			10. Special Report Name FIRST QUARTER PLUS REPORT

3. Account Information	
a. Financial Institution Full Name TRULIANT FEDERAL CREDIT UNION	a. Financial Institution Full Name TRULIANT FEDERAL CREDIT UNION
b. Purpose FOR RECEIPTS AND EXPENDITURES	b. Purpose FOR RECEIPTS AND EXPENDITURES
c. Account Code PM4N2020	c. Account Code PM4N2024
d. Period Begin Balance \$ 0.00	d. Period Begin Balance \$ 0.00

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

Jennifer Casey
 Printed Name of Signer

Jennifer Casey
 Signature of Appointed Treasurer

03/06/2024
 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 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.