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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   |   |                             |  | RECEIVED   |   |                  |                 | c. ID Number            |  |  |  |  |  |  |
| FOLWELL CO   |   |                             |  |  |   | STA-C1671N-C-001 |                 |                         |  |  |  |  |  |  |
| b. Mailing Addre   | JUL <b>2 6</b> 2023   |                             |  |  | d. Date Filed   |                  |                 |                         |  |  |  |  |  |  |
| 299 S. WESTV<br>WINSTON-SA   |   | NC STATE BOARD OF ELECTIONS |  |  |   | 07/21/2023       |                 |                         |  |  |  |  |  |  |
| 3  |   |                             |  |  |   |                  | e. Phone Number |                         |  |  |  |  |  |  |
|  |   |                             |  |  |   |                  |                 | (336) 748-0046          |  |  |  |  |  |  |
| 2. Report Year 3. Period Start Date (mm/dd/yy)   |   |                             |  | 4. Period End Date (mm/dd/yy) 5. Treas u                         |   |                  |                 | er Full Name            |  |  |  |  |  |  |
| 2023 01/01/2023  |   |                             |  | 06/30/2023 GARY V  |   |                  | GARY W          | GILBERT                 |  |  |  |  |  |  |
| 6. Type of Committee (Check One)   |   |                             |  | Type of Report (check only one type of report from one category) |   |                  |                 |                         |  |  |  |  |  |  |
| X Candidate Car  |   |                             | Munic  | ipal   |   | Sta              | te/County       |                         | Referendum                                 |  |  |  |  |  |
| Joint Fundrais   | ser 🔲 PA  | C                           | Organizatio                                  |  |   |                  | nal             | ☐ Organizational        |  |  |  |  |  |  |
| Referendum   |   | al Expense Fund             | Thirty-five day                              |  |   | Quarterly        |                 | ☐ Pre-referendum        |  |  |  |  |  |  |
| 7. Type of Fund  |   | le, check one)              |  | Pre-primary  |   |                  | First           |                         | ☐ Final                                    |  |  |  |  |  |
| "Booster Fund  |   | ╚                           | Pre-election                                 | 1  | ☐ Second  |                  | ļ               | Supplemental Final      |  |  |  |  |  |  |
| Building Fund  |   |                             |  | Pre-runoff   |   |                  | Third           |                         | Annual                                     |  |  |  |  |  |
| Presidential Election Year Candidates Fund   |   |                             |  | Semi-annual  |   |                  | Fourth          |                         | Special                                    |  |  |  |  |  |
| NC Public Campaign Financing Fund  |   |                             | <u>                                     </u> | Mid Ye   | -   | _                | Semi-annua      | _                       |  |  |  |  |  |  |
| <b>_</b>   |   |                             |  | Year Er  | ıd  | X                |                 |                         | 10. Special Report Name                    |  |  |  |  |  |
| Other:   |   |                             | H  | Final  |   | 브                | Year E          | nd                      |  |  |  |  |  |  |
| 8. Number of Fundraisers this Report   |   |                             |  | Special  |   | 브                | Final           |                         |  |  |  |  |  |  |
|  | 1   |                             |  | ш  | Special   |                  |                 |                         |  |  |  |  |  |  |
| 3. Account Info  | <b>!</b>  | 3. Account Information      |  |  | ion   | γ                |                 |                         |  |  |  |  |  |  |
| a. Financial Institution Full Name   |   |                             |  | a. Financial Institution Full                                    |   |                  | el Instituti    | on Full Nan             | ıc   |  |  |  |  |  |
| BRANCH BANKING & TRUST   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| b. Purpose   |   | c. Account Code             |  |  | b. Purpose  |                  |                 |                         | c. Account Code                            |  |  |  |  |  |
| CHECKING, I  | DEBIT CARD  | A                           |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| 1  |   | A                           |  |  |   |                  |                 |                         |  |  |  |  |  |  |
|  |   | d. Period Begi              | ce   | <u>]</u>   |   |                  |                 | d. Period Begin Balance |  |  |  |  |  |  |
| i  |   | s                           | 16,751.79                                    | )  <br>  |   |                  |                 | \$                      |  |  |  |  |  |  |
| CERTIFICATION  | ON  |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| 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   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| GARY W. GILBERT  |   |                             |  | Hann-  |   |                  |                 |                         | 07/21/2023                                 |  |  |  |  |  |
| Printed Name of Signer Signature of Appointed Treasurer Date   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| FOR OFFICEUSE ONLY   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| Date Received: OHZ6/2023 Employee: Delivery Method Normal Mail   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| Date Postmarked: Employee: Registered Mail   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| Hand Delivered   |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| Date Scanned: 07/26/2023 Employee: W Electronically Filed  |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| Date Data B  | Date Data Entered: Employee:  |                             |  |  |   |                  |                 | 🗆                       | Signer has not received mandatory training |  |  |  |  |  |
| Please No  | 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. |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
|  |   |                             |  |  |   |                  |                 |                         |  |  |  |  |  |  |
| 1  | you must amen   | a the Statemen              | 1 01 Ur                                      | ganization (   | You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. |                  |                 |                         |  |  |  |  |  |  |

**Detailed Summary** 

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number FOLWELL COMMITTEE 2023 Mid Year Semi-Annual STA-C1671N-C-001 Total this Total this 2021 Start of Election Cycle: January 1, **Election Cycle** Reporting Period 4) Cash on Hand at Start 46,751,79 \$ 8,774.57 RECEIPTS \$ \$ (CRO-1205) 541.00 5) Aggregated Contributions from Individuals 466.00 (CRO-1210) \$ \$ 161,005.00 193,705.00 6) Contributions from Individuals S 0.00 (CRO-1220) 0.00 7) Contributions from Political Party Committees \$ (CRO-1230) 5,099.37 28,299.37 8) Contributions from Other Political Committees 9) Loan Proceeds (CRO-1410) 1,000,000.00 1,000,000.00 (CRO-1240) \$ 0) Refunds/Reimbursements to the Committee 0.00 194.17 1) Other Receipt Sources (CRO-1250) 0.00 0.00 11a) Interest on Bank Accounts 11b) Contributions from Not-For-Profit Organizations \$ \$ 0.00 (CRO-1250) 0.00 \$ (CRO-1250) 0.00 0.00 11c) Outside Sources of Income \$ (CRO-1270) 0.00 0.00 11d) Legal Expense Fund-Other Sources (CRO-1265) \$ 0.00 \$ 0.00 11e) Exempt Purchase Price Sales \$ 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 1,166,570.37 1,222,739.54 EXPENDITURES 3) Disbursements (CRO-1310) 13a) Operating Expenditures 19,147.30 36,257.70 13b) Contributions to Candidates/Political Committees (CRO-1310) S \$ 590.00 1,015.00 (CRO-1310) \$ 13c) Coordinated Party Expenditures 0.00 0.00 4) Aggregated Non-Media Expenditures S \$ (CRO-1315) 730.12 1.136.67 S \$ (CRO-1420) Loan Repayments 0.00 0.00 S (CRO-1320) 6) Refunds/Reimbursements from the Committee 0.00 0.00 \$ (7) In-Kind Contributions (CRO-1510) 350.00 600.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 20,817.42 S 39,009.37 9) Cash on Hand at Fnd (Add lines 4 and 12 together, then subtract line 18) \$ 1,192,504.74 1,192,504.74 ADDITIONAL INFORMATION 0.00 (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 1,110,000.00 (CRO-1430) 21) Outstanding Loans (incl. ones from other campaigns) 0.00 (CRO-1610) 22) Debts and Obligations owed by the Committee 0.00 (CRO-1620) 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee (CRO-1720) 0.00 0.00 0.00 25) Administrative Support (CRO-1710) 0.00 0.00 \$ (CRO-1440) 26) Forgiven Loans (CRO-2220) 0.00 0.00 27) 48-Hour Notice Reports Sum \$ \$ 28) Contributions to be Refunded (CRO-1215) 0.00 0.00