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	c. ID Number
Triad Good Government P.A.C.	STA-C3572N-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P.O. Box 2888 Greensboro, NC 27402	1/11/2018
	e. Phone Number
	336-378-1431

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	7/1/2017	12/31/2017	Michael S. Fox

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☒ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

-0-

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☒ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name	
American National Bank	
b. Purpose	**c. Account Code**
Checking Account for receipts and expenses	MSF
	d. Period Begin Balance
	$ 1976.75

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	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.

Michael S. Fox		1/11/2018
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	1/25/18	Employee:	SM
Date Postmarked:	1/12/18	Employee:	SM
Date Scanned:		Employee:	
Date Data Entered:	JAN 2018	Employee:	

Delivery Method
- ☒ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ 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.

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
Triad Good Government P.A.C.	Year End Semi Annual 2017	STA-C3572N-C-001

Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1976.75	$ 1976.65
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 14,600.00	$ 14,600.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$
9) Loan Proceeds	*(CRO-1410)*	$	$
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ .28	$ .38
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 14,600.28	$ 14,600.38
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$	$
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 14,500.00	$ 14,500.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$	$
15) Loan Repayments	*(CRO-1420)*	$	$
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$	$
17) In-Kind Contributions	*(CRO-1510)*	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 14,500.00	$ 14,500.00
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 2077.03	$ 2077.03
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$	
22) Debts and Obligations owed By the Committee	*(CRO-1610)*	$	
23) Debts and Obligations owed To the Committee	*(CRO-1620)*	$	
24) Account Transfers Within the Committee	*(CRO-1720)*	$	
25) Administrative Support	*(CRO-1710)*	$	$
26) Forgiven Loans	*(CRO-1440)*	$	$
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$	$
28) Contributions to be Refunded	*(CRO-1215)*	$	$

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable): Triad Good Government P.A.C.

2. ID Number: STA-C3572N-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Jim Kee for City Council 4301 Lord Jeff Drive Greensboro, NC 27405	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/30/2017	$500.00	
MSF	Check		9/29/17	$500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Re-Elect Mike Barber 408 Hobbs Road Greensboro, NC 27403	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	Also see Page 4 Total $6,000
MSF	Check		9/29/17	$500.00	for this report

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Citizens to Elect Sharon Hightower 6 Belles Court Greensboro, NC 27401	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
MSF	Check		9/29/17	$500.00	

5. Total only this Page $ 3,000.00

6. Total of ALL CRO-1310 Pages $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)
Triad Good Government P.A.C.

2. ID Number
STA-C3572N-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Campaign to Elect Nancy Hoffma P.O. Box 1414 Greensboro, NC 27402	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
MSF	Check		9/29/17	$500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Justin Outling Vote Outline P.O. Box 1576 Greensboro, NC 27402	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
MSF	Check		9/29/17	$500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Committee to Elect Nancy Vaughan P.O. Box 10056 Greensboro, NC 27404	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
				$	

5. Total only this Page $ 2,500.00

6. Total of ALL CRO-1310 Pages $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)
Triad Good Government P.A.C.

2. ID Number
STA-C3572N-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Goldie Wells for City Council c/o Goldie Wells P.O. Box 14809 Greensboro, NC 27415	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
MSF	Check		9/29/17	$500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Tony Wilkins Committee toElect Tony Wilkins 5902 Weston Drive Greensboro, NC 27407	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17	$500.00	
MSF	Check		9/29/17	$500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Yvonne Johnson JohnsonforCity Council atLarge P.O. Box 14654 Greensboro, NC 27415	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		9/19/17	$500.00	
MSF	Check		9/29/17	$500.00	

5. Total only this Page $ 3,000.00

6. Total of ALL CRO-1310 Pages $
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)
Triad Good Government P.A.C.

2. ID Number
STA-C3572N-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Campaign to Elect Nancy Hoffman P.O. Box 1414 Greensboro, NC 27402	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		9/29/17	$500.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Josh Stein for Attorney General P.O. Box 1326 Raleigh, NC 27602	NC Attorney General	☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		10/27/17	$500.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Re-Elect Mike Barber 408 Hobbs Road Greensboro, NC 27403	Greensboro City Council	☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 5,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MSF	Check		10/20/17	$2500.00	See CRO1310 Candidate Rec'd
MSF	Check		11/6/17	$2500.00	Total of $6,000 from TGG PAC

5. Total only this Page $ 6,000.00

6. Total of ALL CRO-1310 Pages $ 14,500.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Triad Good Government P.A.C.	STA-C3572N-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Roy E. Carroll III P.O. Box 9846 Greensboro, NC 27429	Real Estate Developer			$ 6,100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		8/15/17	$ 5,000.00
☐	MSF	Check		11/6/17	$ 1,100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Vanessa Carroll 201 N. Elm Street, Ste 1701 Greensboro, NC 27401				$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		8/15/17	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J. Nathan Duggins III 1815 Dalton Road Greensboro, NC 27408	Attorney At Law	Tuggle Duggins P.A.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		8/15/17	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 12,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Triad Good Government P.A.C.	STA-C3572N-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Michael S. Fox 3710 Hazel Lane Greensboro, NC 27408	Attorney at Law	Tuggle Duggins P.A.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		8/15/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William G. Burgin 3504 Madison Avenue Greensboro, NC 27403	Attorney at Law	Tuggle Duggins P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		10/6/17	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Blake P. Hurt 2004 Warwickshire Drive Greensboro, NC 27455	Attorney At Law	Tuggle Duggins P.A.		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		10/6/17	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 1,400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Triad Good Government P.A.C.	STA-C3572N-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeff Dunham 210 Isabel Street Greensboro, NC 27401	Attorney at Law	Tuggle Duggins P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		10/6/17	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeffrey S. Southerland 118 Homewood Avenue Greensboro, NC 27403	Attorney at Law	Tuggle Duggins P.A.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		10/6/17	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
H. Vaughn Ramsey 307 King Street, Unit 3F Greensboro, NC 27406	Attorney At Law	Tuggle Duggins P.A.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MSF	Check		10/6/17	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 14,600.00

TRIAD GOOD GOVERNMENT PAC
Post Office Box 2888
Greensboro, North Carolina 27402
Telephone: (336) 271-5244

January 11, 2018

VIA: U.S. MAIL

North Carolina State Board of Elections
Attn: Nadine Lewis, Campaign Finance & Operations
441 N. Harrington Street
Raleigh, North Carolina 27603

Re: Triad Good Government PAC / STA-C3572N-C-001
Year End Semi-Annual Reports - 2017

Dear Ms. Lewis:

Please find enclosed the following reporting documents for the Triad Good Government PAC ("PAC"):

1. CRO-1000 – Disclosure Report Cover;
2. CRO-1100 – Detailed Summary
3. CRO-1210 – Contributions from Individuals; and
4. CRO-1310 – Disbursements.

If you require additional information, please do not hesitate to give me a call.

With kind regards, I am

Sincerely,

Michael S. Fox, Treasurer

MSF/sln
Enclosures

FIRST CLASS MAIL

TRIAD GOOD GOVERNMENT PAC
Post Office Box 2888
Greensboro, North Carolina 27402

6400

To: North Carolina State Board of Elections
Attn: Nadine Lewis, Campaign Finance & Operations
441 N. Harrington Street
Raleigh, North Carolina 27603