Disclosure Re	port Cover				Amendment
Use this form for ger	neral report and committee	information, must be	e signed and sub	mitted along with	Other detailed forms
Do not use this form	to update information		- o.gva ana bao	mitted along with	other detailed forms.
1. Committee Infor	mation				
a. Full Name					c. ID Number
Triad Good Govern					STA-C3572N-C-001
b. Mailing Address (incl. P.O. Box 2888	ude City, State and Zip Code)		10.141 (0.8)	me you was properly for the Co	d. Date Filed
Greensboro, NC 274	402			表面是 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1/11/2018
, , , , , ,				•	c. Phone Number
					336-378-1431
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	ıll Name
2017	7/1/2017		31/2017	Michael S. Fox	
6. Type of Committee	<u> </u>				
Candidate Campa		9. Type of Report		ly one type of repo	ort from one category)
☑ PAC	Referendum	Organizationa	State/Co	Organizational	Referendum
Independent Expenditure	Joint Fundraiser	Thirty-five da	-	•	Organizational
Legal Expense Fu	nd	1 mity-nve da		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	🗖	Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Year	°	Semi-annual	
		Year End		Mid Year	10. Special Report Name
8. Number of Fundr	aisers this Report	Special		Year End Final	
	-0-			pecial	
11. Account Informa	ation		11. Account I	<u>- </u>	
a. Financial Institution Fu			a. Financial Instit		
American National B	ank				
b. Purpose Checking	c. Account Code		b. Purpose		c. Account Code
Account for	MS	F			
receipts and	d. Period Begin Balance				
expenses					d. Period Begin Balance
	\$ 1976.75				\$
CERTIFICATION			<u> </u>		
and the denotal Blattat	correct and that I have been	mmingled with probi	ibited or other no	on-disclosed funda	3, & 22D-22M of Chapter 163 of s. I further certify that this report
	Printed Name of Signer	<u></u>	gnature of Appointed	d Treesurer	1/11/2018
FOR OFFICE USE ON			grature of Appointed	d Treasurer	Date
Date Received:	1/25/18	Employee:	<u>Sm</u>		Delivery Method Normal Mail
Date Postmarked:	1/12/18	Employee:	Ć	M	Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entered	l:	C Employee:		ndlo i -	mandatory training
Please Note: This	form cannot be used to ame custodiar	end committee information of books information	mation such as the	ne committee addr	ess, treasurer, assistant treasurer,
	You must amend the Statem				tee changes

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amendment No No Yes

1. Committee Full Name (and Fund if applicable) 2.	Type of Repor		mation.	3. ID N	Inmher
Triad Good Government P.A.C.	ar End Semi A]		3572N-C-001
Start of Election Cycle: January 1,		-	Total this	<u> </u>	 Total this
4) Cash on Hand at Start	<u>2017 </u>	<u> </u>	Reporting Period		Election Cycle
		\$	1976.75	\$	1976.65
	A CONTRACTOR OF THE PROPERTY O	100		EF:74	
	(CRO-1205)	\$		\$	
, and the state of	(CRO-1210)	\$	14,600.00	\$	14,600.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	<u> </u>
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources	(CRO-1240)	\$	and the second of the second o	\$	
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)	\$			
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	•	\$	14 (00 20	\$	
EXPENDITURES:	ana 11e)	746 (275)	14,600.28	\$	14,600.38
3) Disbursements	North transfer de la constant de la	ğ . 7 . 7			
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)		14,300.00	\$	14,500.00
4) Aggregated Non-Media Expenditures		\$		\$	
5) Loan Repayments	(CRO-1315)	\$		- \$	
C. The certain communication and annual extraordinates the communication of the communication	(CRO-1420)	\$		\$	
, and the Committee	(CRO-1320)	\$		\$	
7) In-Kind Contributions	(CRO-1510)	\$		\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a		\$	14,500.00	\$	14,500.00
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ne 18)	\$	2077.03	\$	2077.03
DDITIONAL INFORMATION TO COMMITTEES	NAME OF THE PERSON OF THE PERS	N. W.	本に大学を著		
The state of the s	(CRO-1330)	\$			
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
Debts and Obligations owed To the Committee	(CRO-1620)	\$		into de la constantia	
Account Transfers Within the Committee	(CRO-1720)	\$			
Administrative Support	(CRO-1710)	 \$		\$	an a spirantino.
) Forgiven Loans		\$		\$	
) 48-Hour Notice Reports Sum	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		- S	
3) Contributions to be Refunded	·			-	
RO-1100 NC State Board of Elections	(CRO-1215)	\$		\$	

Disburser				Pg <u>1</u> oi	Amendment f 4 ☐ Yes ☒ No
Use this form	to report expenditure	s from the commi	ttee for; operating expe	nses, contributions	to candidate/political
Tomatico de di	d coordinated party of Full Name (and Fu	expenditures.			
Triad Good G	overnment P.A.C.	nd it applicable)			2. ID Number
3. Type of Dis		ase use separate	CRO-1310 forms for ed	ack tune of Dinkson	STA-C3572N-C-001
	Expenses	Contributions to C	andidates/Political Committe		Coordinated Party Expenditures
4. Payee Infor			Add	Remove	Coordinated Fairly Expenditures
	iling Address & Phone		b. Coordinated Commit		d. Comments
(include city, stat	c, & zip)		Greensboro City		
Jim Kee for C 4301 Lord Jef			Council		
Greensboro, N			c. Level Registered (Spe		
	10 27403		Federal State	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 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 Infor	mation		Add I	Remove	
	ling Address & Phone		b. Coordinated Committ	ee Name	d. Comments
(include city, state	, & zip)		Greensboro City		o. Comments
Re-Elect Mike			Council		
408 Hobbs Roa			c. Level Registered (Spec	rify)	
Greensboro, N	C 27403		Federal [County:	
			State [Municipality:	e. Election Sum to Date
f.1					\$ 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 Inform	nation		Add [Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, state,			Greensboro City		a commens
Citizens to Elec Hightower	t Sharon		Council		
6 Belles Court			c. Level Registered (Speci	fy)	
Greensboro, NC	27401	ı	Federal [County;	
	27 701		State	Municipality:	c. Election Sum to Date
					\$ 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 thi	s Page				\$ 3,000.00
b. Total of ALL	CRO-1310 Pages		****		5,000.00
(This line goes in)	line 13a of Detailed Sum line 13b of Detailed Sum	nary Page CRO-1100 mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Pol		\$
(This line goes in	line 13c of Detailed Sum	mary 1 age CRO-1100 nary Page CRO-1100	if Contrib to Candidates/Pol if Coordinated Party Expend	litical Comm)	7
/. Purpose Code	s (List detailed exp	enditure code in (h) above)	mures)	
A* - Media	B* - Printing	C* - Fund	raising	D - To Anoth	er Candidate
E - Salaries I - Postage	F* - Equipment	G - Politica	ıl Party	H* - Holding	Public Office Expenses
O* - Other	J - Penalties	K* - Office	E Expenses	Q* - Donatio	on to Legal Expense Fund

Disbursements

Amendment Yes \boxtimes 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 Fur	nd if applicable)				2. ID Number
	Government P.A.C.					STA-C3572N-C-001
3. Type of Dis		ase use separate	CRO-1310 forms for ea			
	g Expenses	Contributions to C	Candidates/Political Committees	es 🔲 (d Party Expenditures
4. Payee Infor			Add [Remove		· · · · · · · · · · · · · · · · · · ·
	ailing Address & Phone		b. Coordinated Committee	ee Name	d. Co	omments
(include city, state	te, & zip) Elect Nancy Hoffma		Greensboro City			
P.O. Box 1414			Council			
			c. Level Registered (Spec			
Greensboro, N	/C 27402		Federal [County:		
ĺ			State	Municipality:	e. Elec	ection Sum to Date
					\$ 1.	1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
MSF	Check		8/31/17	\$500.00		
MSF	Check		9/29/17	\$500.00		
4. Payee Inform	mation		Add	Remove	<u> </u>	
	iling Address & Phone		b. Coordinated Committe		1 4 Cor	mments
(include city, state.			Greensboro City	е лаше	a. Con	aments
Justin Outling			Council			
Vote Outline			c. Level Registered (Special	:6.)	\dashv	
P.O. Box 1576	ز		Federal		\dashv	
Greensboro, No			State	County:	Flag	
1	~ 4		State	Municipality:		etion Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code				,000.00
		n. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
MSF	Check	<u> </u>	8/31/17	\$500.00		
MSF	Check		9/29/17	\$500.00		
4. Payee Inform			Add	Remove		
	ling Address & Phone		b. Coordinated Committee		d. Com	imante
(include city, state,	, & zip)	<u></u>	Greensboro City			испе
Committee to E	Elect Nancy		Council			
Vaughan			c. Level Registered (Specif	fv)	\dashv	
P.O. Box 10056		•	Federal	County:		
Greensboro, NC	J 27404	•	State		e. Elect	tion Sum to Date
		,		1		
f. Account Code	g. Form of Payment	h. Purpose Code	: Data (mm/dd/vyyy)			00.00
			i. Date (mm/dd/yyyy)	j. Amount	k. Requ	uired Remarks
MSF	Check	 	8/31/17	\$500.00		
		l		\$		
5. Total only thi					\$	2,500.00
6. Total of ALL	CRO-1310 Pages				-	_2,300.00
(This line goes in	ı line 13a of Detailed Sumr	mary Page CRO-110(0 if Operating Expenses)			
(This line goes in	ı line 13b of Detailed Sumn	mary Page CRO-1100	0 if Contrib to Candidates/Poli	itical Comm)	\$	
(This line goes in l	line 13c of Detailed Sumn	mary Page CRO-1100	0 if Coordinated Party Expend	litures)		
7. Purpose Code	les (List detailed expe	enditure code in ((h.) above)			
A* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	ner Candid	late
E - Salaries	F* - Equipment	G - Politica	cal Party	H* - Holding	g Public O	Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatic	on to Lega	al Expense Fund
	e detailed explanatio	in manifold w	Y 60 KT 48.5			•
	Tuctanea expianació	m in Ledanca 16.	marks field (K)			

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

Tried Good C	Full Name (and Fur	ad if applicable)		·		2. ID Number
	Sovernment P.A.C.					STA-C3572N-C-001
3. Type of Dis		ase use separate (CRO-1310 forms fo	r each		
4. Payee Infor		Contributions to Ca	andidates/Political Comm	nittees		Coordinated Party Expenditures
		<u>L</u> _	Add		Remove	
	ailing Address & Phone		b. Coordinated Com		d. Comments	
(include city, state Goldie Wells f	for City Council		Greensboro City			
c/o Goldie We			Council			
P.O. Box 1480			c. Level Registered ((Specify)		
Greensboro, N			Federal State		County:	
Orochood, , ,	IC 2/415		State		Municipality:	e. Election Sum to Date
				_		\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
MSF	Check		8/31/17		\$500.00	
MSF	Check		9/29/17		\$500.00	
4. Payee Inform	mation		Add	П	Remove	
	iling Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Com	mittee N		d. Comments
(include city, state			Greensboro City		anuc	d. Comments
Tony Wilkins			Council			
•	Elect Tony Wilkins		c. Level Registered (S	Enecify)		
5902 Weston D			Federal	эреспу,		_
Greensboro, No			State		County:	
	021.0,		State		Municipality:	e. Election Sum to Date
f transmt Cade	- cp	- Walland				\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	/yy)	j. Amount	k. Required Remarks
MSF	Check		8/31/17		\$500.00	
MSF	Check		9/29/17		\$500.00	
4. Payee Inform	nation		Add		Remove	
	ling Address & Phone		b. Coordinated Comm	mittee N	Remove	d. Comments
(include city, state,		į	Greensboro City	muce	Afric	d. Comments
Yvonne Johnson	on		Council			
JohnsonforCity	Council atLarge	,	c. Level Registered (S		-	-
P.O. Box 14654	4	ı	Federal	peeny,	County:	
Greensboro, NC		!	State	\boxtimes	County: Municipality:	- Planta Com A. D. A.
		1		<u> </u>	Municipality.	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code				\$ 1,000.00
	g. Form or rayment	h. rurpose Couc	i. Date (mm/dd/yy)	<u>yy)</u>	j. Amount	k. Required Remarks
MSF	Check	ı	9/19/17	ļ 	\$500.00	
MSF	Check		9/29/17		\$500.00	
5. Total only thi	is Page				1 .	0.000.00
6. Total of ALL	CRO-1310 Pages					\$ 3,000.00
(This line goes in	line 13a of Detailed Sumi	mary Page CRO-110() if Operating Expenses)	ı		
(This line goes in	line 13b of Detailed Sumr	mary Page CRO-1100	d if Contrib to Candidates	s/Politica	al Comm)	\$
(This line goes in	line 13c of Detailed Sumn	mary Page CRO-1100) if Coordinated Party Ex	vnenditu:	u Conung (#00)	
7. Purpose Code	es (List detailed exp	enditure code in (h) shove)	<i>pc</i>	23/	
A* - Media	B* - Printing	C* - Fundi			D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politica	al Party			g Public Office Expenses
I - Postage O* - Other	J - Penalties		e Expenses		Q* - Donatio	on to Legal Expense Fund
· ·	e detailed explanatio	*··	* ** ** **			
Coucs roquire	s deranen exhianaru.	on in required res	marks field (k)			

Disbursements Use this form to report expenditures from the committee for; operating excommittees and coordinated party expenditures.	Pg penses	4, contr	of <u>4</u> ributions to candida	Amendment Yes ate/political	No
1. Committee Full Name (and Fund if applicable)				2. ID Number	
Triad Good Government P.A.C. 3. Type of Disbursement (Please use senarate CRO_1310 forms for				STA-C3572	
3. Type of Disbursement (Please use separate CRO-1310 forms for Contributions to Candidates/Political Comm	<i>each t</i> ittees	vpe o		Donto Form V	

Triad Good G	overnment P.A.C.	nu ii abbiicanie)						2. ID Number
3. Type of Dist		onen Hen ennavata	CDI	A 1218 Comment for				STA-C3572N-C-001
Operating		ease use separate Contributions to C	CAU Pondic	O-1310 forms for dates/Political Commi	each i			
4. Payee Inform		Contributions to 5		Add	itees		Coordinate	d Party Expenditures
	iling Address & Phone			Add b. Coordinated Comm		Remove		
(include city, state				o. Coordinated Comn Greensboro City	nittee 13	ame	d. Co	mments
Campaign to E	Elect			Greensboro City Council				
Nancy Hoffman	an		_	. Level Registered (S			_	
P.O. Box 1414	+ +		片	Federal	ресну			
Greensboro, No			1 =	=	<u> </u>	County:		
	04,.52		-	State		Municipality:	e. Ele	ction Sum to Date
							\$ 5	500.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	<u>yy)</u>	j. Amount	k. Rec	quired Remarks
MSF	Check			9/29/17		\$500.00		
						\$		
4. Payee Inform	nation		$\frac{1}{A}$	\dd		Remove		
	ling Address & Phone			. Coordinated Comm	-ittee N		1.00	
(include city, state,	, & zip)			NC Attorney Gene		ıme	d. Con	mments
Josh Stein for A	Attorney Genera L		1	C Audino, Con-	Лаг			
P.O. Box 1326	·		<u>c.</u>	Level Registered (Sp	ifu)		\dashv	
Raleigh, NC 27	602		 	Federal Federal	јесну,		_	
1	**=					County;		
ı			<u> </u>	State	Ш_	Municipality:	e. Etec	tion Sum to Date
f. Account Code	777	7 - 0-4-	<u> </u>				\$ - 50	00.00
	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyy	y)	j. Amount	k. Req	uired Remarks
MSF	Check			10/27/17	_	\$500.00		
						\$	 	
4. Payee Inform			Ad	dd		Remove		
	ing Address & Phone			Coordinated Commi	ittee Na	ime	d. Com	
(include city, state, &	& zip)			reensboro City		III.	u. com	Hents
Re-Elect Mike B				Council				
408 Hobbs Road		ı		Level Registered (Spe	ecify)		\dashv	
Greensboro, NC	27403	,		Federal	Π̈́	County:	-	
		,		State	\boxtimes	Municipality:	e Elect	tion Sum to Date
		,			<u> </u>			
f. Account Code	~ Comm of Daymant	h. Purpose Code					\$ 5,0	000.00
	g. Form of Payment	h. Purpose Coue		i. Date (mm/dd/yyyy)	j. Amount		nired Remarks
MSF	Check	ı		10/20/17		\$2500.00	1	RO1310
MSF	Check			11/6/17		\$2500.00	Total o	date Rec'd of \$6,000
5. Total only this	. n			11,0,1,		Φ 2300.00		TGG PAC
4 Total of ATL	s Page CRO-1310 Pages						\$	6,000.00
(This line goes in l	CKO-1310 Pages line 13a of Detailed Summ	Page CDO 1100	- 160	· - ,				<u> </u>
(This line goes in I	line 13b of Detailed Summ	nary rage CKO-1100	∤if Op ° 1675	rating Expenses)			\$	14,500.00
(This line goes in l	line 13c of Detailed Sumn	nury ruge Cho-1100 	_U Cu ^ ≀CC	intrib to Canaiaaies/i	Politicai	l Comm)	Ψ	17,500.00
7. Purnose Code	es (List detailed expo	anditure ande in (15 Cm	ordinatea Party Expe	enditure	28)		
A* - Media	B* - Printing	C* - Fundi	n.) a	.bove)		- 1		
E - Salaries	F* - Equipment	G - Politica				D - To Anoth		
I - Postage	J - Penalties	K* - Office				H* - Holaing	, Public O	Office Expenses
O* - Other						ע״ - טטוואנוט	n to Lega	l Expense Fund
* Codes require	detailed explanatio	on in required re	mar'	ks field (k)				

Use this	s form to report inc	dividual contributions	over \$5	50 or con	tributio	Pg 15 unc	er \$50 if form C	f <u>3</u> RO 1205 i	s not used	Yes 🔀]
		(and Fund if applic	able)	······································	······································			2. ID N	Number	
	ood Government I							5	STA-C3572N	N-C-001
	ributor Informat			Add		Re	move			
	ame, Mailing Address	& Phone		b. Job	Title/Pro			d. Comr	nents	
	e city, state, & zip)			Real	Estate [Develo	per			
P.O. Bo	Carroll III							_		
	oro, NC 27429			c. Emp	loyer's N	ame/S	ecific Field	_		
	1010,110 27 129							777		
I								e. Electio	on Sum to Date	<u> </u>
rn:				<u> </u>				\$	6,100.0	00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amou	nt
	MSF	Check	_				8/15/	17	\$	5,000.00
	MSF	Check		_			11/6	/17	\$	1,100.00
					<u> </u>				\$	
	ibutor Informati			Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job T	itle/Prof			d. Comm	ents	
	city, state, & zip)									
Vanessa	Carroll Im Street, Ste 170	1								
	oro, NC 27401	'1		c. Empl	oyer's Na	me/Sp	ecific Field			
Greenso	010, 140 27401							<u> </u>		
								e. Electio	n Sum to Date	
								\$	5,000.0	0
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy		k. Amour	
	MSF	Check					8/15/		\$	5,000.00
									\$	
				· -				·	\$	
3. Contr	ibutor Informatic	on		Add	T	Rem	ove			
	ne, Mailing Address d	& Phone		b. Job T	itle/Profe			d. Commo	ents	
	city, state, & zip)			Attorn	ey At L	aw				
J. Naman 1815 Dal	Duggins III									
	ro, NC 27408						cific Field	[
	20,710 57 100			i uggie	Duggii	18 P.A	•			
									Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ntion .		i Data (m. 1231	\$	1,000.00	
	MSF	Check		ind Descri	puon		j. Date (mm/dd/yy) 8/15/1		k. Amoun	····
					-				\$	1,000.00
						_			\$	
4. Total	only this Page		L					<u> </u>	\$	10.10.
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Contributions from Individuals

Amendment

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Amendment

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TRIAD GOOD GOVERNMENT PAC

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

January 11, 2018

LAN 共長 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

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MSF/sln Enclosures



Post Office Box 2888 Greensboro, North Carolina 27402 0400

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