

# 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.

<b>1. Committee Information</b>			
a. Full Name FLEMING EL-AMIN FOR COUNTY COMMISSIONER			c. ID Number 2018 NOV 16 PM 2:57
b. Mailing Address (include City, State and Zip Code) 5400 NOVACK STREET WINSTON-SALEM, NC 27105			d. Date Filed 11/13/2018
			e. Phone Number
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 07/01/2018	4. Period End Date (mm/dd/yy) 10/20/2018	5. Treasurer Full Name ANTHONY WAYNE LEDBETTER
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b>	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b> 0			
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name WELLS FARGO BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code DDA	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,143.82		d. Period Begin Balance \$
<b>CERTIFICATION</b>			
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			
Anthony W. Ledbetter Printed Name of Signer		Anthony W. Ledbetter Signature of Appointed Treasurer	
		11/13/2018 Date	
<b>FOR OFFICE USE ONLY</b>			
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 checked="" type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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.			