Disclosure Report (	Cover		Amendment				
Use this form for general report and committee information must be a visit by the last of							
Do not use this form to update information.							
1. Committee Information a. Full Name							
P. I I I I I	1 0 1		c. ID Number				
b. Mailing Address (include City, S	ts for School	Board	TCQV32				
P.O. BOX 1122.			d. Date Filed				
Winston-Sales	m NC 2711E		12-02-2025 e. Phone Number				
2. Report Year 3. Period Sta	rt Date (mm/dd/m) 4 Poriod	E-ID (	336-413-2239				
2025 12-00	0 0 0 7	1 A A	5. Treasurer Full Name				
6. Type of Committee (Check		D- 2025	Lhomasine Malloy				
Candidate Campaign Pa	arty Municipal	State/County	ype of report from one category)  Referendum				
	eferendum Organization	nal Organizatio					
Independent Expenditure Jo Legal Expense Fund	int Fundraiser	lay Quarterly	Pre-referendum				
La La pense Pund	Pre-primary	First	Final				
7. Type of Fund (if applicable	Pre-election e, check one) Pre-runoff	Second	Supplemental Final				
Booster Fund	Semi-annual	Third	Annual				
Building Fund	Mid Ye	Tourin	Special Special				
<u></u>	Year En	. Jenn-annua					
Other:	Fr   Fr   Fr   Fr   Fr   Fr   Fr   Fr	Mid Ye Year E	To Decrui Meholf Manie				
8. Number of Fundraisers this	Report Special		III.				
		Special	2				
11. Account Information		Special Special	202				
11. Account Information a. Financial Institution Full Name		11. Account Informa	tion				
11. Account Information a. Financial Institution Full Name			tion Il Name				
11. Account Information a. Financial Institution Full Name  Truist b. Purpose	c Account Code	11. Account Informata. Financial Institution Fu	tion Il Name				
a. Financial Institution Full Name Truist	c. Account Code	11. Account Informa	tion Il Name c. Account Code				
a. Financial Institution Full Name Truist	DDA	11. Account Informata. Financial Institution Fu	ll Name				
a. Financial Institution Full Name Truist	DDA d. Period Begin Balance	11. Account Informata. Financial Institution Fu	c. Account Code				
a. Financial Institution Full Name  Truist b. Purpose	DDA d. Period Begin Balance	11. Account Informata. Financial Institution Fu	c. Account Code d. Period Begin Balance				
a. Financial Institution Full Name  Iruist b. Purpose  CERTIFICATION	DDA d. Period Begin Balance \$ O. OO	11. Account Information Furthern Account Information Furthern Furthern Burnese	c. Account Code d. Period Begin Balance				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to po funds are compared at the compliance with all applied to possible to possi	11. Account Information Furthern Account Institution Furthern Burnese  b. Purpose  cable provisions of Article	c. Account Code  d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to the funds are commingled with and that I have been trained by the fundamental of the fundame	11. Account Information Furthern Account Institution Furthern Burnese  b. Purpose  cable provisions of Article	c. Account Code  d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHALL K WAT  Printed Name of Signe	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to no funds are commingled with a and that I have been trained by the second se	a. Financial Institution Fu  b. Purpose  cable provisions of Article prohibited or other non-di the NC State Board of Ele	c. Account Code  d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to no funds are commingled with a and that I have been trained by the second se	11. Account Information Furthern Account Institution Furthern Burnese  b. Purpose  cable provisions of Article	c. Account Code  d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHALL K WAT  Printed Name of Signe	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to no funds are commingled with a and that I have been trained by the second se	a. Financial Institution Fu  b. Purpose  cable provisions of Article prohibited or other non-di the NC State Board of Ele ature of Appointed Treasurer	d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHALL K WAT  Printed Name of Signe	d. Period Begin Balance  \$ O. OO  d is in compliance with all applied to no funds are commingled with a and that I have been trained by the standard of the st	a. Financial Institution Fu  b. Purpose  cable provisions of Article prohibited or other non-dithe NC State Board of Electure of Appointed Treasurer	d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.    12   1   2   2				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHAFI K WAT  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 0.00  Id is in compliance with all applied to no funds are commingled with and that I have been trained by the standard of the stand	a. Financial Institution Fu  b. Purpose  cable provisions of Article prohibited or other non-dithe NC State Board of Electric ature of Appointed Treasurer  ee:	d. Period Begin Balance \$ 222A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.    12   11   2025     Date     Delivery Method     Normal Mail				
a. Financial Institution Full Name  Truist b. Purpose  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHALL K WAT  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	d. Period Begin Balance \$ O. OO  d is in compliance with all applied to no funds are commingled with and that I have been trained by the sand trained by	a. Financial Institution Fu  b. Purpose  cable provisions of Article prohibited or other non-dithe NC State Board of Electron of Appointed Treasurer atture of Appointed Treasurer ee:	d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.    12   1   2   2     Date    Delivery Method				
a. Financial Institution Full Name  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHALL K WAT  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form cannot be recommended.	d. Period Begin Balance \$ O. OO  d is in compliance with all applied to no funds are commingled with a land that I have been trained by the sand that I have be	b. Purpose  cable provisions of Article prohibited or other non-dithe NC State Board of Electric ature of Appointed Treasurer  ee:  ee:	d. Period Begin Balance  d. Period Begin Balance  \$ 222A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this citions.				
a. Financial Institution Full Name  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  RICHAF   K WAT  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form cann assistant tr	d. Period Begin Balance \$ O. OO  d is in compliance with all applied to no funds are commingled with and that I have been trained by the sand trained by	b. Purpose  cable provisions of Article prohibited or other non-dithe NC State Board of Electric ature of Appointed Treasurer  ee:  ee:  ee:	d. Period Begin Balance  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.				

## **Detailed Summary**

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 Penert

Amendment	
Yes	No

	O and read and rend it applicable)	2. Type of Repo	rt	3. ID Number
H	Richard Watts For School Board	OTG		TCO V32
L	Start of Election Cycle: January 1,	2025	Total this	Total this
	4) Cash on Hand at Start		Reporting Period	Election Cycle
	RECEIPTS		1.000	\$ 0.00
-	5) Aggregated Contributions from Individuals	(CRO-1205)	\$	
_	6) Contributions from Individuals	(CRO-1210)		\$
	7) Contributions from Political Party Committees	(CRO-1220)	010.00	\$ 313.33 \$
-	8) Contributions from Other Political Committees	(CRO-1230)		\$
	9) Loan Proceeds	(CRO-1410)	\$	\$
1	y and the committee	(CRO-1240)	\$	\$
1	The state of the s			<b>J</b>
	11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
-	11b) Contributions from Not-for-Profit Organization	S (CRO-1250)	\$	\$
-	11c) Outside Sources of Income	(CRO-1250)	\$	\$
-	11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
12	11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
_	(Add tines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and 11e)	\$ 313,33	\$ 313.33
13	MENDITUKES			1 010,05
13				
-	13a) Operating Expenditures	(CRO-1310)	\$	\$
-	13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$
1	13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14)	68 8 WEST WESTER EXPERIMENTES	(CRO-1315)	\$	\$
15)	Loan Repayments	(CRO-1420)	\$	\$
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17)		(CRO-1510)	\$ 213.33	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 213.33	210100
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 100.00	210.00
20)	DITIONAL INFORMATION		100.00	\$ 100.00
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) 22)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	5	DIR- 12 N. 1622
23)	Debts and Obligations owed By the Committee	(CRO-1610)	5	
24)	Debts and Obligations owed To the Committee	(CRO-1620) \$		NAME OF THE PARTY
25)	Account Transfers Within the Committee	(CRO-1720) \$		F 18 F 120 - 5 5
26)	Administrative Support	(CRO-1710) \$	Eng.	\$
	Forgiven Loans	(CRO-1440) \$	h + 1 .07.0	\$
27) 28)	48-Hour Notice Reports Sum	(CRO-2220) \$	11 3:30 57.07	\$
28) <i>CRO</i> -	Contributions to be Refunded	(CRO-1215) \$		\$
OILU.	NC State Board of Elections	A.Liun.	PETER SHIP IN	

	form to report ind	ividual contributions	over \$5	0 or contributions und	der \$50 if form CR	O 1205 is no	ot used	No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRe  1. Committee Full Name (and Fund if applicable)					2. ID Number			
Richard Watts for School				Board		TCOV32		
3. Contributor Information				Add Remove				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comments		
(include city, state, & zip)				Assistant Director				
Kichard Watts			c. Employer's Name/S		1			
P.O. Bux 1122					e. Election Sum to Date			
Winston-Salem, No 27165					\$ 3   3,33			
f. Prior	f. Prior g. Account Code h. Form of Payment i. In-K			Kind Description	j. Date (mm/dd/yy	(vv) k. Amount		
	DD 4	Check	1 65.7				\$ 213.33	
	DDA	Cash	GO 21	ng Fee 12-02			\$ 100.00	
							\$	
3. Contri	butor Informatio	on		Add Re	move	2 10 10		
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
				c. Employer's Name/Specific Field				
				771 .t. 0				
						e. Election Sum to Date		
						40		
						\$	MAPPENS .	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		-0	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		\$	
	g. Account Code  butor Informatio		i. In-le		j. Date (mm/dd/yy		\$ \(\frac{1}{2}\)	
3. Contril	butor Informatio	n	i. In-k				\$ \(\frac{1}{2}\)	
3. Contril	butor Informatio	n	i. In-k	Add Rer		yy)	\$ \(\frac{1}{2}\)	
3. Contril	butor Informatio	n	i. In-k	Add Rer	nove	yy)	\$ \(\frac{1}{2}\)	
3. Contril	butor Informatio	n	i. In-k	Add Rer b. Job Title/Profession	nove	d. Comments	\$ \( \times \)	
3. Contril	butor Informatio	n	i. In-k	Add Rer b. Job Title/Profession	nove	d. Comments	\$ \( \times \)	
3. Contril	butor Informatio	n		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove ecific Field	d. Comments  e. Election Su	s w	
3. Contril a. Full Nam (include o	butor Informatio ie, Mailing Address & city, state, & zip)	Phone		Add Rer b. Job Title/Profession	nove	d. Comments  e. Election Su	\$ \( \times \)	
3. Contril a. Full Nam (include o	butor Informatio ie, Mailing Address & city, state, & zip)	Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove ecific Field	d. Comments  e. Election Su	s & & & & & & & & & & & & & & & & & & &	
3. Contril a. Full Nam (include o	butor Informatio ie, Mailing Address & city, state, & zip)	Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove ecific Field	d. Comments  e. Election Su	s & & & & & & & & & & & & & & & & & & &	
3. Contril a. Full Nam (include o	butor Informatione, Mailing Address & zip)  g. Account Code	h. Form of Payment		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove ecific Field	d. Comments  e. Election Su  \$	s S S S S S	
3. Contril a. Full Nam (include o	butor Informatio ie, Mailing Address & city, state, & zip)	h. Form of Payment		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove ecific Field	d. Comments  e. Election Su	s is is is in the second of th	

**Contributions from Individuals** 

Amendment

Use this form to report non-monetary con Use CRO-1215 if In-Kind Contributions					ne comi	nittee or fund.		
1. Committee Full Name (and Fund if applicable)				2. ID Number				
Richard Watts For	oad at the	Board	1		T	CQV32		
3. Contributor Information	Add		Remove					
			-			Comments		
(include city, state, & zip)			1 <b>=</b> /	vidual didate				
Richard Watts			Part					
P.O. Box 1122			PAC	-				
Winston-Salem, NC 27105					Election Sum to Date			
VIIII WIT GATERI, IVE 271			Othe	er Receipt Source	\$ 8	213,33		
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
Filing Fee				12-02-2	025	\$ 213.33		
V						\$		
						\$		
3. Contributor Information	Add	F	Remove		T			
a. Full Name, Mailing Address & Phone			b. Type of C		c. Con	nments		
(include city, state, & zip)				vidual didate				
			Party					
			PAC					
				erendum	d. Elec	d. Election Sum to Date		
ь		Othe	er Receipt Source	\$				
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
						S oraquiza		
						\$		
						\$ 00		
3. Contributor Information	Add	R	Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of C	ontributor vidual	c. Con	iments		
(include city, state, & zip)				fidate				
			Party	/				
			PAC	:				
			rendum	d. Election Sum to Date				
			Othe	Other Receipt Source		\$		
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
						\$		
						\$		
						\$		
4. Total only this Page		4,511			\$ 2	13:33		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summ.	arv Page CRO-1100)				\$ 4	213.33		

**In-Kind Contributions** 

Amendment

No