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
APPLE FOR ALDERMAN

c. ID Number
TCQC7L

b. Mailing Address (include City, State and Zip Code)
445 BENT CREEK TRAIL
KERNERSVILLE, NC 27284

d. Date Filed
5 SEPT 2025

e. Phone Number
(336) 894-4578

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	7/30/25	8/26/25	WILLIS WADE APPLE

6. Type of Committee (Check One)

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

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	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

RECEIVED 2025 SEP 15 PM 2:00 BOARD OF ELECTIONS

11. Account Information

a. Financial Institution Full Name
PINNACLE FINANCIAL PARTNERS

b. Purpose
CAMPAIGN

c. Account Code
TCQC7L

d. Period Begin Balance
$

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
WILLIS WADE APPLE	Wade Apple	5 SEPT 2025

FOR OFFICE USE ONLY

Date Received:		Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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.

WILLIS W. ("BILL") APPLE
APPLE FOR ALDERMAN
445 BENT CREEK TRAIL
KERNERSVILLE, NC. 27284

GREENSBORO NC 270
PIEDMONT TRIAD AREA
4 SEP 2025 PM 1 L

2025 SEP -5 PM 12:00
RECEIVED

MS. TRICIA C. STARKEY
CAMPAIGN FINANCE MANAGER
FORSYTH COUNTY BOARD OF ELECTIONS
201 N. CHESTNUT STREET
WINSTON-SALEM, NC 27101

27101-412001