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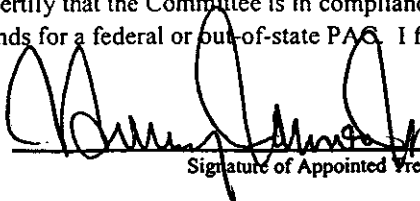
Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund Walter Marshall Committee				6. Date 4/20/02	
2. Address 1500 Reynard Dr.				7. ID Number	
3. City Kernersville		4. State N.C.	5. Zip 27284	8. Phone 336-996-2218	
9. Type of Report First Quarter and Half Report				10. Period Covered Start End	11. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> "Booster Fund"					
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund					
<input type="checkbox"/> Other Fund: _____					
13. Treasurer Name Harry James Jr. 1500 Reynard Dr. Kernersville, N.C. 27284					
14. Assistant Treasurer Name(s) Harold L. James, 1500 Reynard Dr. Kernersville, N.C. 27284					
15. Custodian of Books Name Harry James Jr. 1500 Reynard Dr. Kernersville, N.C. 27284					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
Mechanics & Farmers Bank	Campaign of Walter Marshall		\$ 3385.00		
			\$		
			\$		
			\$		
			\$		
			\$		

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



Signature of Appointed Treasurer or Candidate

4-20-02

Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$1,260		
5) Cash on Hand at Start of Present Reporting Period		\$1,260			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)	\$2,125	\$			
7) Contributions from Political Party Committees (CRO-1220)	\$0	\$			
8) Contributions from Other Political Committees (CRO-1230)	\$0	\$			
9) Loan Proceeds (CRO-1410)	\$0	\$			
10) Refunds & Reimbursements to Committee (CRO-1240)	\$0	\$			
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)	\$10.44	\$			
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$0	\$			
11c) Outside Sources of Income (CRO-1250)	\$0	\$			
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$2,135.44	\$			
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)	\$435.50	\$			
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$0	\$			
13c) Coordinated Party Expenditures (CRO-1310)	\$0	\$			
14) Loan Repayments (CRO-1420)	\$0	\$			
15) Refunds from Committee (CRO-1320)	\$0	\$			
16) In-Kind Contributions (CRO-1510)	\$0	\$			
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$435.50	\$			
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$2,959.44	\$			
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)	\$0	\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$0	\$			
21) Debts and Obligations owed BY the Committee (CRO-1610)	\$0	\$			
22) Debts and Obligations owed TO the Committee (CRO-1620)	\$0	\$			
23) Parent Entity's Administrative Support (CRO-1710)	\$0	\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	James D. Branch 224 Town Run Lane Winston-Salem, N.C. 27101				<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	
	b. Job Title/Profession Physician				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Sandra Miller Jones 5840 Brookway Dr. Winston-Salem, N.C. 27105-1431				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession Stockbroker				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Peyton T. Hairston 425 Bacon St Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Franklin R. Bennett 3623 San Carlos Rd Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Gerald H. Long 7631 Lasater Rd Clemmons, N.C. 27102		Check	1/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$			
4. Total only this Page						\$315.00		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Charles Hardison 108 Martin Luther King Dr. Winston-Salem, N.C. 27101				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Self-Employed				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Forsyth Seafood						\$	
	j. If Amendment, choose change type:	k. Election Cycle Sum to Date						
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Keith Wilkes 7642 Pine St Rural Hall, N.C. 27045				<input type="checkbox"/>	<input type="checkbox"/>	\$20.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Football Coach				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	WS/FC School System						\$	
	j. If Amendment, choose change type:	k. Election Cycle Sum to Date						
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Warren Oldham P.O. Box 4415 Winston-Salem, N.C. 7105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	State Representative				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	State of North Carolina						\$	
	j. If Amendment, choose change type:	k. Election Cycle Sum to Date						
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Vernon E. Cloud 5041 Noble St Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	School Teacher				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	WS/FC School System						\$	
	j. If Amendment, choose change type:	k. Election Cycle Sum to Date						
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	C.G. Watson 3309 N. Liberty St Winston-Salem, N.C.				<input type="checkbox"/>	<input type="checkbox"/>	\$50.06	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	CPA				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	C.G. Watson & Associates						\$	
	j. If Amendment, choose change type:	k. Election Cycle Sum to Date						
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$						
4. Total only this Page							\$170.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Nigel D. Alston 249 Brooks Landing Dr. Winston-Salem, N.C. 27106				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Vice President				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
GMAC		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Manuel J. Johnson Jr. 3304 New Walkertown Rd Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Self-Employed				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Retired		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Demerice W. Erwin 628 24 1/2 St NW Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Housewife				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Bobby Lee Ray 1212 NE 24th St Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Self-Employed				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Ray's Trucking		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Krista Marshall 956 Carnegie Ave Plainfield, N.Y. 07060				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Chemist				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Johnson & Johnson		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page							\$375.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	David L. Speas 320 Springview Dr. Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	State of North Carolina	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Daniel A. Piagott 3855 Northampton Dr. Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	W-S/FC School System	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Howard L. Ward 859 Crawford St Winston-Salem, N.C. 27101				<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	W-S/FC School System	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Annie E. Lassiter 1524 Reynard Dr. Kernersville, N.C. 27284				<input type="checkbox"/>	<input type="checkbox"/>	\$20.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	R.J. Reynolds	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Samuel G. Puryear 3742 Danube Dr. Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	W-S/FC School System	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page							\$185.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
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Contributions from INDIVIDUALS

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1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Jack D. Marion 13 Freeman St Dobson, N.C. 27050				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired A.L.E. Supervisor				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	State of North Carolina	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	William Curtis Brown 3371 Big Woods Rd Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired Executive				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	R.J. Reynolds	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Mr. Jerry W. Herron 2060 Saponi Village Ct Winston-Salem, N.C. 27127				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Captain of Sheriff's Dept.				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	Forsyth County Sheriff's Dept	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Tim Samuels Sr 813 Madison Place Circle Kernersville, N.C. 27284				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired Captain				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	W.S./PD	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Victor I. Flow Jr. 138 S. Cherry St Suite 300 Winston-Salem, N.C. 27101		Check	1/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Company President				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	Flow Automotive	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page							\$425.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

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1. Name of Committee or Fund				2. ID Number			
Walter Marshall Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Rev J. L. Nance Sr 5074 O'Howie St Winston-Salem, N.C. 27106				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Retired Minister				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Wayne C. James 3016 Greene Cross Ct Winston-Salem, N.C. 27107				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Mayor for Sheriffs Dept				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Forsyth County Sheriffs Dept		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Billy D. Friende, Jr. 6013 Ashley Park Dr. Kernersville, N.C. 27284				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Attorney				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Bobby J. Robinson 3823 Cricket Ln. Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$30.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Retired School Principal				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Winston-Salem Forsyth County Sch.		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Mose' Belton-Brown 3911A-University Parkway Winston-Salem, N.C. 27106				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Owner of Insurance Co				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Allstate Insurance Co.		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
4. Total only this Page							\$280.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Richard N. Davis 809 Lynn Dee Dr Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession <u>CPA</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field <u>Davis Management Services</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	J. Luther Covington 334 Lamplighter Circle Winston-Salem, N.C. 27104 336-774-9847				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession <u>Headmaster</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field <u>Reynolds School</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	Helen M. Durr 615 Sunnyfield Dr Kernersville, N.C. 27284-8849 336-784-7809				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
	b. Job Title/Profession <u>Teacher</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field <u>WIS/FC School System</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	William H. Freeman 701 Roslyn Rd Winston-Salem, N.C. 27104				<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	
	b. Job Title/Profession <u>Retired</u> <u>Superior Court Judge</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount	
	James W. Shaw 3471 Cumberland Dr. Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
	b. Job Title/Profession <u>Retired President</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field <u>Shaw Tire Service</u>				<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$				
4. Total only this Page						\$350.00		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Walter Marshall Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Eddie L. McCarter 5560 Novack St Winston-Salem, N.C. 27105				<input type="checkbox"/>	<input type="checkbox"/>	\$25.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Self-Employed	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
	c. Employer's Name/Specific Field						
	Owner of Special Occasion Bookstore						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
	c. Employer's Name/Specific Field						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
	c. Employer's Name/Specific Field						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
	c. Employer's Name/Specific Field						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
	c. Employer's Name/Specific Field						
4. Total only this Page							\$25.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Other Receipt Sources

Page ____ of ____

1. Name of Committee or Fund				2. ID Number	
Walter Marshall Campaign Committee					
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
Interest		Contributions from Not-for-Profit Organizations		Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Mechanics & Farmers Bank 770 Martin Luther King Dr Winston-Salem, N.C. 27105	XXXXXXXXXX	Interest	3/31/02	\$10.44
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
5. Total only this Page					\$10.44
6. Total of ALL CRO-1250 Related Pages (only show on last page)					\$10.44
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)					
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)					
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					

Disbursements

1. Name of Committee or Fund						2. ID Number	
Walter Marshall Campaign							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Forsyth County Board of Elections 834 W. Fourth St. Winston-Salem, N.C. 27101		Filing for Election				\$168.74
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
			<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Office Depot 1235 Silas Creek Pkwy Winston-Salem, N.C. 27127		3000 Brochures				\$240.26
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
			<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Forsyth County Board of Elections 834 W. Fourth St. Winston-Salem, N.C. 27101		CD-\$26.50				\$26.50
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
			<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
			<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
			<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
5. Total only this Page						\$435.50	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Loan Proceeds

Page 10 of 10

1. Name of Committee or Fund				2. ID Number	
Walter Marshall Committee					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	NONE	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
4. Total only this Page					\$
5. Total of ALL CRO-1410 Pages (only show on last page) (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$

In-Kind Contributions

Page 11 of 11

1. Name of Committee or Fund		2. ID Number		
Walter Marshall Campaign				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	NONE			\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input checked="" type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Total only this Page				\$
5. Total of ALL CRO-1510 Pages (only show on last page)				\$
(This line must be on line 16 of Detailed Summary Page CRO-1100)				

Outstanding Loans

Page 11 of 12

1. Name of Committee or Fund				2. ID Number	
Walter Marshall Campaign					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	NONE	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page					\$
5. Total of ALL CRO-1430 Pages (only show on last page)					\$
(This line must be on line 20 of Detailed Summary Page CRO-1100)					

Additional Disclosure Report Cover Sheet Information

Page 13 of 13

If there is not enough room on the Disclosure Report Cover Sheet form (CRO-1000) to include all assistant treasurers or accounts use this form to include any additions and attach it to the Cover Sheet form.

1. Name of Committee or Fund

2. ID Number

Walter Marshall Campaign

3. Assistant Treasurer Name(s)

NONE

4. Bank/Depository/Credit Account Information

a. Name

b. Purpose

c. Code

d. Period Begin Balance

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$