

COPY

Disclosure Report Cover

Amendment

☒ Yes ☐ No

Please note that this cover sheet 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 those kinds of committee changes.

Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
404 CARPENTER AVE. WINSTON-SALEM, NC 27107	01/25/2006
	e. Phone Number
	336-785-0696

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
	07/01/2005	12/31/2005	MARK WILLIAMS

6. Type of Committee (Check one)	8. Type of Report (check only one type of report from one category)	Referendum
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Final
	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Supplemental Final
	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Annual
	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Special
	<input type="checkbox"/> Semi-annual	
	<input type="checkbox"/> Mid Year	
	<input type="checkbox"/> Year End	
	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)	State/County	9. Special Report Name
<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Organizational	
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Building Fund	<input type="checkbox"/> First Plus	
<input type="checkbox"/> NC Political Party Financing Fund	<input type="checkbox"/> Second	
<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Third Plus	
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Fourth	
<input type="checkbox"/> Other:	<input type="checkbox"/> Semi-annual	
	<input type="checkbox"/> Mid Year	
	<input type="checkbox"/> Year End	
	<input checked="" type="checkbox"/> Year End	
	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

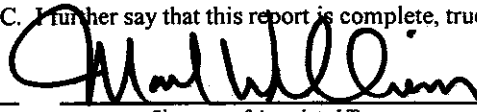
10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB&T			
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN RECEIPTS AND DISBURSEMENTS	bbt		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 400.00		\$

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.

MARK WILLIAMS

Printed Name of Signer



Signature of Appointed Treasurer

02/18/2005

Date

FOR OFFICE USE ONLY

Date Received: 2-21-2006

Employee: Judy Speas

Delivery Method

☒ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked: 2-20-2006

Employee: Judy Speas

Date Scanned:

Employee:

FORSYTH COUNTY
BOARD OF ELECTIONS2006 FEB 21 PM 3:01
RECEIVED

Detailed Summary

Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF		YEAR END			
Start of Election Cycle: January 1, 2005		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 400.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 25.00		\$ 25.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,000.00		\$ 2,400.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 20,000.00		\$ 20,000.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 22,025.00		\$ 22,425.00	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 25.80		\$ 25.80	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 25.80		\$ 25.80	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 22,399.20		\$ 22,399.20	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 20,000.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

Page 1 of 1

☒ Yes ☐ No

CRO-1205

Contributions from Individuals

Pg 1 of 2

Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
PHILLIP W MARSHALL P.O. BOX 1336 CLEMMONS, NC 27102			ELECTRICIAN		e. Election Cycle Sum to Date \$ 500.00		
			c. Employer's Name/Specific Field SELF-EMPLOYED				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	bbt	CHECK		09/02/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
KATHY A EDENS 1110 BOULDER RD YADKINVILLE, NC 271055			ADMINISTRATOR		e. Election Cycle Sum to Date \$ 500.00		
			c. Employer's Name/Specific Field CLEMMONS VILLAGE				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	bbt	CHECK		09/29/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,000.00	
5. Total of ALL CRO-1210 Pages						\$ 2,000.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg 2 of 2

Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT LONNIE MAINES FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY R MATHIS 3016 MIDDLEBROOK DR CLEMMONS, NC 27012				b. Job Title/Profession		d. Comments
				OWNER		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
		RAY'S BODY SHOP		\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	bbt	CHECK		10/25/2005	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,000.00	

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Mark Williams
 Committee Committee to Elect Lonnie Maines for Sheriff
 Address 353 Jonestown Road, #195
 Winston-Salem, NC 27104

FROM: Campaign Finance Office

REPORT IN QUESTION:
2005 YESA amendment

DATE: 02/22/2006

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- ☐ The depository information was not listed on the Political Committee Disclosure Report.
- ☐ Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- ☐ Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- ☐ Some or no dates were shown on the reports. A date is required for each entry.
- ☐ Details were not provided for the sums listed on the Detailed Summary Page
- ☐ Method of payment not provided
- ☐ Contributions over \$100 are listed with "cash" being the method of payment.
- ☐ Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- ☐ The ending balance is negative. The Committee cannot operate on a negative balance.

- ☐ Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- ☐ A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- ☐ The purpose of expenditure was not listed on the Itemized Disbursements page.
- ☐ Disbursements for media expenses are paid with cash.
- ☐ Disbursements over \$50 that are not for postage are paid with cash.
- ☐ "Sum to date" information not provided.
- ☐ We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- ☐ No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- ☐ Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____

_____ on _____

_____ on _____

_____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- ☒ OTHER CRO-1100 - After referring to the 2005 MYSA (Mid Year Semi-Annual report), calculations seem to appear as the enclosed sample. Check with your calculations. Ex.: #5 and #6- Remember to add the amount under 'Total this Election Cycle' of the 2005 MYSA to the amount of the 2005 YESA 'Total this Reporting Period'. Line #21 should be blank; the CRO-1430 form will list loans on future reports until the loan is satisfied in full.

Please send your reply to : Judy J. Speas Forsyth County Board of Elections 201 N. Chestnut St. Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE:

ICR-001

Detailed Summary

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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