

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 Nelly Lept for City Council	20-355879
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
313 South Main Street Winston Salem, NC 27101	10/31/2005
	e. Phone Number
	336-725-4325

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
8005	10/11/2005	10/24/2005	Linda Hobbs

6. Type of Committee (Check one)	8. Type of Report (check only one type of report from one category)	9. Special Report Name
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	

10. Account Information

a. Financial Institution Full Name	a. Financial Institution Full Name
Wachovia	
b. Purpose	b. Purpose
checking for receipts + expenses	
c. Code	c. Code
117	
d. Period Begin Balance	d. Period Begin Balance
\$ 7959.18	\$

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.

LINDA HOBBS

Printed Name of Signer

Linda Hobbs

Signature of Appointed Treasurer

10/31/2005

Date

FOR OFFICE USE ONLY

Date Received:

11-1-05
10-31-05

Employee:

Judy Spears

Date Postmarked:

Employee:

Date Scanned:

Employee:

Delivery Method

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

CRO-1000

NC State Board of Elections

2005 NOV 1 - NOV 5002

March 2003

FORSTH COUNTY
BOARD OF ELECTIONS

FORSTH COUNTY
BOARD OF ELECTIONS

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Committee to Elect ^{Mayor} Mayor ^{City} County ^{Pre-election}		Pre-election	90-3558779
Start of Election Cycle: January 1, <u>2002</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7959.18	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2662.	\$ 4452.
6) Contributions from Individuals (CRO-1210)		\$ 6880.	\$ 16,079.03
7) Contributions from Political Party Committees (CRO-1220)		\$ 25.	\$ 25.
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
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)		\$ 9507.	\$ 20,556.03
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 3561.99	\$ 6651.84
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)		\$ 78.	\$ 78.
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 3639.99	\$ 6,729.84
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 13,826.19	\$ 13,826.19
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
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		\$	\$

Aggregated Contributions from Individuals

Page 1 of 3

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Nally Knight for City Council</i>	2. ID Number <i>20-3558779</i>
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3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	<i>117</i>		<i>Coffee</i>	<i>10/15/2005</i>	<i>\$ 78.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/11/2005</i>	<i>\$ 100.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/11/2005</i>	<i>\$ 25.-</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/10/2005</i>	<i>\$ 25.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/11/2005</i>	<i>\$ 100.-</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/11/2005</i>	<i>\$ 100.-</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 100.-</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/16/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/14/2005</i>	<i>\$ 100.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/16/2005</i>	<i>\$ 100.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 40.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 15.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/16/2005</i>	<i>\$ 30.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 25.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/13/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/14/2005</i>	<i>\$ 25.</i>
<input type="checkbox"/> Remove	<i>117</i>	<i>check</i>		<i>10/14/2005</i>	<i>\$ 99.</i>
<input type="checkbox"/> Add	<i>117</i>	<i>check</i>		<i>10/14/2005</i>	<i>\$ 50.</i>
<input type="checkbox"/> Remove					

4. Total only this Page \$ *1362.*

5. Total of ALL CRO-1205 Pages \$ *2462.*

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page 2 of 2

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Nelly Seight for City Council					90-3558779	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/18/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/18/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/18/2005	\$ 25.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/18/2005	\$ 75.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/19/2005	\$ 50.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/19/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/19/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/19/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/20/2005	\$ 25.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/20/2005	\$ 25.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/20/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/20/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 25.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 25.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 100.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	117	check		10/23/2005	\$ 50.	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 1300.	
5. Total of ALL CRO-1205 Pages					\$ 2662.	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 1 of 10

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Molly Leight for City Council</u>					2. ID Number <u>20-3558779</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Charles P. Rose</u> <u>2121 Royall Dr.</u> <u>Winston-Salem, NC 27106</u> <u>336-758-5422</u>				b. Job Title/Profession <u>Professor</u>		d. Comments
				c. Employer's Name/Specific Field <u>Wake Forest Univ</u>		
				e. Election Cycle Sum to Date \$ <u>250.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>check</u>		<u>10/13/2005</u>	\$ <u>250.00</u>	
<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) <u>John W Reed</u> <u>508 S. Main St.</u> <u>Winston-Salem, NC 27101</u> <u>336-722-0486</u>				b. Job Title/Profession <u>retired</u>		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$ <u>250.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>check</u>		<u>10/14/2005</u>	\$ <u>250.00</u>	
<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) <u>Thomas E. Roberts</u> <u>101 Chestnut St. Unit 6</u> <u>Winston-Salem, NC 27101</u>				b. Job Title/Profession <u>Professor</u>		d. Comments
				c. Employer's Name/Specific Field <u>Wake Forest Univ</u>		
				e. Election Cycle Sum to Date \$ <u>250.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>check</u>		<u>10/14/2005</u>	\$ <u>820.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>1320.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>1250.00</u>	

Contributions from Individuals

Pg 2 of 3

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Nelly Leight to City Council						20-3558779	
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	
John Larson 448 Factory Rd. Winston-Salem NC 27101				Veep			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Old Salem Inc.		\$ 200.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	Check		10/17/2005	\$ 200.-		
<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	
Robert Edward Cant 6 St. Michaels Alley Charleston, SC 29401				retired			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 250.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/17/2005	\$ 250.-		
<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	
Michael Ryden 29 Cascade Ave. Winston-Salem, NC 27127				realtor			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Leonard Ryden Bur		\$ 250.-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/14/2005	\$ 250.-		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.-	
5. Total of ALL CRO-1210 Pages						\$ 6820.-	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 7220.-	

Contributions from Individuals

Pg 3 of 6 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Nally Leight for City Council					20-3558779	
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
Sara B. Leight 8 Clubview Ct. Greensboro, NC 27410				Unemployed		
				c. Employer's Name/Specific Field		
						e. Election Cycle Sum to Date
						\$ 1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/19/2005	\$ 1000.00	
<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
Martha Davis Wilson 1632 Sanderstead Rd. Winston-Salem, NC 27103				researchasst.		
				c. Employer's Name/Specific Field		
				Bowman Gray		e. Election Cycle Sum to Date
						\$ 250.-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/22/2005	\$ 250.-	
<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
John D. Royster 182 Tifton St. Winston-Salem, NC 27006				CPA		
				c. Employer's Name/Specific Field		
				Dixon-Hughes		e. Election Cycle Sum to Date
						\$ 250.-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/12/2005	\$ 250.-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1500.-	
5. Total of ALL CRO-1210 Pages					\$ 6820.	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 4 of 6

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Kelly Wright for City Council					20-3558779	
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
George Ragland 310 Arbor Road Winston-Salem, NC 27104				attorney		
				c. Employer's Name/Specific Field		
				Womble Carlyle		
				e. Election Cycle Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check	10/12	10/12/2005	\$ 200.00	
<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
Eluse Jung 521 Lynnhaven Court Winston-Salem, NC 27104				research technician		
				c. Employer's Name/Specific Field		
				Wake Forest Univ. Health Sciences		
				e. Election Cycle Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/13/2005	\$ 200.00	
<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
Patty West 1 Huron Ave. Lynchburg, Va. 24503				teacher		
				c. Employer's Name/Specific Field		
				Lynchburg City Schools		
				e. Election Cycle Sum to Date		
				\$ 1000. —		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/13/2005	\$ 1000. —	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1400. —	
5. Total of ALL CRO-1210 Pages					\$ 6820.	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					7820.	

Contributions from Individuals

Pg 5 of 6 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Kelly Light for City Council					20-3558779	
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
Paul Fulton 380 Knollwood St. Ste 610 Winston-Salem, NC 27103				President		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
				Basset Furniture		
						\$ 250.
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/14/2005	\$ 250.-	
<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
Mrs. Cornelius F. Strittmater 817 Clovelly Road Winston-Salem, NC 27106				retired		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
						\$ 200.-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/18/2005	\$ 200.-	
<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
Sandra W. Harjes 440 Avalon Rd. Winston-Salem, NC 27104				Unemployed		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
						\$ 200.-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check		10/19/2005	\$ 200.-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.-	
5. Total of ALL CRO-1210 Pages					\$ 706820.	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 6 of 10 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Neely Wright for City Council</u>					2. ID Number <u>20-3558779</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Keith A. Clinard</u> <u>PO Drawer 84</u> <u>Winston-Salem, NC 27102</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments
				c. Employer's Name/Specific Field <u>Womble Carlyle</u>		
				e. Election Cycle Sum to Date \$ <u>250.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>117</u>	<u>Check</u>		<u>10/20/2005</u>	\$ <u>250.00</u>	
<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) <u>Linda Garrou</u> <u>PO Box 11843</u> <u>Winston-Salem, NC 27116</u>				b. Job Title/Profession <u>NC State Senator</u>		d. Comments
				c. Employer's Name/Specific Field <u>State of NC</u>		
				e. Election Cycle Sum to Date \$ <u>500.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>117</u>	<u>Check</u>		<u>10/20/2005</u>	\$ <u>500.00</u>	
<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) <u>CW Womble</u> <u>One West 4th St.</u> <u>Winston-Salem, NC 27101</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments
				c. Employer's Name/Specific Field <u>Womble Carlyle</u>		
				e. Election Cycle Sum to Date \$ <u>500.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>117</u>	<u>Check</u>		<u>10/20/2005</u>	\$ <u>500.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>1250.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>7110.6820</u>	

Contributions from Political Party Committees Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)

Committee to Elect Melly Wright for City Council

2. ID Number

20-3558779

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

African American Caucus of Forsyth County

b. Comments

c. Election Cycle Sum to Date

\$ 25.-

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

117

check

10/11/2005

\$ 25.-

\$

\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Comments

c. Election Cycle Sum to Date

\$

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

\$

\$

\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Comments

c. Election Cycle Sum to Date

\$

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

\$

\$

\$

4. Total only this Page

\$ 25.-

5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

\$ 25.-

CRO-1220

NC State Board of Elections

March 2003

In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Molly Leight for City Council		20-3558779	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Nancy G. Dennis 217 Tar Branch Court Winston-Salem, NC 27101		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	d. Election Cycle Sum to Date
Coffee as fundraiser		10/15/2005	\$ 78.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	d. Election Cycle Sum to Date
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	d. Election Cycle Sum to Date
			\$
			\$
			\$
4. Total only this Page		\$ 78.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 78.00	

CRO-1510

NC State Board of Elections

March 2003

Disbursements

Pg 1 of 2

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Nalley Height for City Council</i>				2. ID Number <i>90-3558779</i>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Wooten Graphics 172 Winkle Lane Welcome, NC 27374</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>2981.-</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>117</i>	<i>check (1001)</i>	<i>yard signs</i>	<i>10/12/2005</i>	\$ <i>1481.-</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Office Depot 777 Neal Point Blvd. WS, NC 27104</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>348.37</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>117</i>	<i>check (1002)</i>	<i>tape</i>	<i>10/12/2005</i>	\$ <i>74.03</i>	
<i>117</i>	<i>check (1010)</i>	<i>labels + cartilage</i>	<i>10/21/2005</i>	\$ <i>118.20</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>PIP Printing 235 Iron Run Lane WS, NC 27101</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>1353.14</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>117</i>	<i>check (1003)</i>	<i>door hangers</i>	<i>10/14/2005</i>	\$ <i>458.76</i>	
<i>117</i>	<i>check (1006)</i>	<i>post cards</i>	<i>10/18/2005</i>	\$ <i>345.13</i>	
5. Total only this Page				\$ <i>2477.12</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <i>3561.99</i>	

Disbursements

Page 2 of 2

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Nelsy Bright for City Council</i>				2. ID Number <i>20-3558779</i>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>US Postmaster Salem Station WS, NC 27168</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>1173. —</i>
f. Account Code <i>117</i>	g. Form of Payment <i>check (607)</i>	h. Purpose <i>stamps</i>	i. Date (mm/dd/yyyy) <i>10/18/2005</i>	j. Amount \$ <i>483.</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>The AC Phoenix PO Box 17627 WS, NC 27106</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>325. —</i>
f. Account Code <i>117</i>	g. Form of Payment <i>check (608)</i>	h. Purpose <i>advertisement</i>	i. Date (mm/dd/yyyy) <i>10/21/2005</i>	j. Amount \$ <i>325. —</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Sign-A-Rama 636 D South Stratford Rd. WS, NC 27103</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>276.87</i>
f. Account Code <i>117</i>	g. Form of Payment <i>check (609)</i>	h. Purpose <i>magnetic signs</i>	i. Date (mm/dd/yyyy) <i>10/21/2005</i>	j. Amount \$ <i>276.87</i>	
				\$	
5. Total only this Page				\$ <i>1084.87</i>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ <i>3561.99</i>	

CRO-1310

NC State Board of Elections

March 2003

CAMPAIGN REPORT DISCREPANCIES REPLY REQUIRED

TO: Treasurer Linda Acree Hobbs
 Committee Molly Leight for City Council
 Address 516 South Main Street
 Winston-Salem, NC 27101

FROM: Campaign Finance Office

REPORT IN QUESTION:
Pre-Election

DATE: 11/02/2005

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-1210 - Check Election Cycle Sum to Date for Thomas E. Roberts.
 CRO-1220 - provide mailing address and phone number for African American Caucus of Forsyth County.

Please send your reply to : Judy J. Speas 101 N. Chestnut Street, 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: