

COPY

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Knight for City Council	20-355879
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
313 South Macon Street Winston Salem, NC 27101	12/5/2005
	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
2005	10/25/05	12/5/05	Linda Hobbs

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

10. Account Information		10. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	b. Purpose	c. Code
Wachovia		checking for receipts + expenses	117
			d. Period Begin Balance
			\$ 13,826.19
			\$

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

12/5/2005
Date

FOR OFFICE USE ONLY

Date Received: 12-9-05
Date Postmarked: 12-8-05
Date Scanned: _____

Employee: Judy Spears
Employee: Judy Spears
Employee: Judy Spears

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

CRO-1000

NC State Board of Elections

March 2003

FORSTYH 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 Nancy Lightfoot		Final	20-3558779
Start of Election Cycle: January 1, 2002		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 13,826.19	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 800	\$ 5252
6) Contributions from Individuals (CRO-1210)		\$ 2160.	\$ 18,239.03
7) Contributions from Political Party Committees (CRO-1220)		\$	\$ 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)		\$ 2960.	\$ 23,516.03
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 15,696.58	\$ 22,348.42
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.
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 15,696.58	\$ 22,426.42
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1089.61	\$ 1089.61
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 1

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Nally Height for City Council					20-355879	
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	117	check		10/24/2005	\$ 100.	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add				10/24/2005	\$ 25.	
<input type="checkbox"/> Remove				10/25/2005	\$ 50.	
<input type="checkbox"/> Add				10/25/2005	\$ 25.	
<input type="checkbox"/> Remove				10/25/2005	\$ 25.	
<input type="checkbox"/> Add				10/25/2005	\$ 100.	
<input type="checkbox"/> Remove				10/24/2005	\$ 50.	
<input type="checkbox"/> Add				10/24/2005	\$ 50.	
<input type="checkbox"/> Remove				10/24/2005	\$ 50.	
<input type="checkbox"/> Add				10/24/2005	\$ 25.	
<input type="checkbox"/> Remove				10/29/2005	\$ 25.	
<input type="checkbox"/> Add				10/31/2005	\$ 50.	
<input type="checkbox"/> Remove				10/31/2005	\$ 100.	
<input type="checkbox"/> Add				10/31/2005	\$ 100.	
<input type="checkbox"/> Remove				11/7/2005	\$ 25.	
<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					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 800.	
5. Total of ALL CRO-1205 Pages					\$ 800.	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

CRO-1205

NC State Board of Elections

March 2003

Contributions from Individuals

Pg 1 of 3 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
<i>Committee to Elect Trudy Light for City Council</i>					<i>20-355879</i>	
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
<i>Terrie A. Davis</i> <i>2815 Bustam Road</i> <i>Winston-Salem, NC</i> <i>27106</i>				<i>Housewife</i>		
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date		\$ <i>200.</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>117</i>	<i>check</i>		<i>10/26/2005</i>	\$ <i>200.</i>	
<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
<i>James Will Burt</i> <i>PO Box 68</i> <i>Wallerston, NC 27051</i>				<i>unemployed</i>		
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date		\$ <i>250.-</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>117</i>	<i>check</i>		<i>10/26/2005</i>	\$ <i>250.-</i>	
<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
<i>Edisa M. Kirby</i> <i>1411 Brices Creek Road</i> <i>New Bern, NC</i>				<i>Retired</i>		
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date		\$ <i>250.-</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>117</i>	<i>check</i>		<i>10/30/2005</i>	\$ <i>250.</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>700.</i>	
5. Total of ALL CRO-1210 Pages					\$ <i>2160.</i>	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 2 of 3 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Neely Right for City Council					20-355879	
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
Jane W. Helms 1916 Georgia Ave. Winston Salem, NC 27104				Housewife		
				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		11/2/2005	\$ 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
Murray C. Gresson Jr. 1 West South Street Winston Salem, NC 27101				Attorney		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
				Worble Carlyle W.S. NC		
						\$ 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		11/2/2005	\$ 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
Keith W. Vaughan 440 Bent Tree Farm Rd. Winston Salem, NC 27106				attorney		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date
				Worble Carlyle Winston Salem, NC		
						\$ 250.00
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		11/2/2005	\$ 250.	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.-	
5. Total of ALL CRO-1210 Pages					\$ 2160.	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 3 of 3

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Nelly Leight for City Council					90-355879	
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
Sarah Suey Alvarado 463 Carolina Circle Winston Salem, NC 27104				Housewife		
				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		11/13/2005	\$ 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
William C. Nixon 121 N. Reynolds Village Winston Salem, NC 27106				Insurance Agent		
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 610. -
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		11/13/2005	\$ 610. -	
<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
				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					\$ 810.	
5. Total of ALL CRO-1210 Pages					\$ 2160.	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Disbursements

Pg 1 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Nalley Left 4 City Council				20-3558779	
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)			b. Coordinated Committee Name		d. Comments
US Postmaster Salem Station W.S. NC 27108					
			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
					\$ 5731.44
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1011)	stamps	10/26/2005	\$ 805. ✓	
117	check (1012)	stamps	10/26/2005	\$ 1035. ✓	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Watson Production Co. Winston Salem, NC					
			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
					\$ 600.
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check (1013)	newspaper adverst	10/24/2005	\$ 600. ✓	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Winston Salem Journal Winston Salem, NC					
			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
					\$ 870.60
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1014)	newspaper ad	10/24/2005	\$ 870.60	
				\$	
5. Total only this Page				\$ 3310.60	
6. Total of ALL CRO-1310 Pages				\$ 15,696.58	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				15,555.13	
(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)					

Disbursements

Pg 2 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Melly Spight for City Council				20-3558779	
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)			b. Coordinated Committee Name		d. Comments
Winston Salem Chronicle PO Box 1636 WS, NC 27102			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
					\$ 247.27
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1015)	newspaper ad	10/24/2005	\$ 247.27	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PIP Printing 235 Iron River Lane WS, NC 27101			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
					\$ 4950.77
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1016)	postcards	10/26/2005	\$ 553.54	
117	check (1021)	pamphlets	10/28/2005	\$ 514.51	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Sign A Rama Winston Salem, NC			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
					\$ 553.73
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1017)	magnetic signs	10/26/2005	\$ 276.86	
				\$	
5. Total only this Page				\$ 1592.18	
6. Total of ALL CRO-1310 Pages				\$ 15,696.58	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>				\$ 15,555.13	
<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>					

Disbursements

Amendment
Pg 3 of 8 ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Melly Knight for City Council				20-3558779	
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)			b. Coordinated Committee Name		d. Comments
Kinko's 232 Stratford Road Winston Salem, NC 27103					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 18.63
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1018)	copies	10/26/2005	\$ 9.64	
117	check (1027)	copies	11/6/2005	\$ 8.99	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Office Depot 1235 Silas Creek Pkwy W.S., NC 27127					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 537.43 423.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1019)	labels	10/26/2005	\$ 73.82	
117	check (1022)	paper/envelopes	10/31/2005	\$ 45.97	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Que Pasa Winston Salem, NC					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 423.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1020)	newspaper ad	10/28/2005	\$ 423.00	
				\$	
5. Total only this Page				\$ 561.42	
6. Total of ALL CRO-1310 Pages				\$ 15,696.58	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 15,555.43	
(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)					

CRO-1310

NC State Board of Elections

March 2003

Disbursements

Pg 4 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Truely Light for City Council				20-3558779	
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)			b. Coordinated Committee Name		d. Comments
US Post Master Salem Station WS, NC 27106					
			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
					\$ 5731.44
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check (1023)	stamps	11/1/2005	\$ 1756.14	
117	check (1030)	stamps	11/4/2005	\$ 888.	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PIP Printing 235 Iron Lane WS, NC 27101					
			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
					\$ 4950.77
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1024)	absoluter poster cards	11/1/2005	\$ 855.40	
117	check (1028)	postcards	11/4/2005	\$ 688.87	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
William Nixon 121 N. Reynolds Village WS, NC 27106					
			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
					\$ 610.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1025)	insurance	11/4/2005	\$ 610.	
				\$	
5. Total only this Page				\$ 4798.41	
6. Total of ALL CRO-1310 Pages				\$ 157696.58	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 15565.13	
(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)					

Disbursements

Page 14 of 8 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. 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)			b. Coordinated Committee Name		d. Comments
Office Depot 1235 Selas Creek Pkwy WS, NC 27127			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		
					\$ 426.60 537.63
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1032)	labels	11/4/2005	\$ 19.25	
117	check (1038)	paper supplies	11/6/2005	\$ 50.22	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Costco Hanes Mall Blvd. Winston Salem, NC			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		
					\$ 272.13
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1034)	food	11/6/2005	\$ 272.13	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US Postmaster Salon Station WS NC 27108			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		
					\$ 5731.14
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check (1035)	stamps	11/6/2005	\$ 37.	
117	check (1037)	stamps	11/6/2005	\$ 37.-	
5. Total only this Page				\$ 4156.60	
6. Total of ALL CRO-1310 Pages				\$ 15,696.58	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				15,557.3	
(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)					

Disbursements

Pg 5 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Nelly Leight to 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>Salem College Winston Salem, NC</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>400</i>
f. Account Code <i>117</i>	g. Form of Payment <i>Check (1026)</i>	h. Purpose <i>Room Rental</i>	i. Date (mm/dd/yyyy) <i>11/4/2005</i>	j. Amount \$ <i>400.</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 Iowa 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>4980.77</i>
f. Account Code <i>117</i>	g. Form of Payment <i>Check (1029)</i>	h. Purpose <i>pamphlets</i>	i. Date (mm/dd/yyyy) <i>11/2/2005</i>	j. Amount \$ <i>985.31</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Rural Page Hosting Add 2 Net 105 East La Habra Blvd La Habra, CA 90631</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>78.25</i>
f. Account Code <i>117</i>	g. Form of Payment <i>Check (1031)</i>	h. Purpose <i>Website</i>	i. Date (mm/dd/yyyy) <i>11/4/2005</i>	j. Amount \$ <i>78.25</i>	
				\$	
5. Total only this Page				\$ <i>1463.56</i>	
6. Total of ALL CRO-1310 Pages				\$ <i>15,696.58</i>	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ <i>15,696.58</i>	
(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)					

Disbursements

Pg 7 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Trally Bright for City Council				20-355 8774	
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)			b. Coordinated Committee Name		d. Comments
Natch Kuhn 52415 Reddick Rd West Bloomfield, MI 48322					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 317.50
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check (1039)	Campaign buttons	11/14/2005	\$ 162.50	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Cricket Phones 3299 Lakes Creek Pkwy WS, NC 27103					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 28.21 81.61
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check (1040)	phones	11/21/2005	\$ 28.21	
117	Check (1036)	phones	11/6/2005	\$ 53.40	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Aramark Services 601 South Church St. WS, NC 27108					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3198.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check (1041)	food	11/21/2005	\$ 3198.25	
117	Check (1036)			\$	
5. Total only this Page				\$ 3388.76 3442.36	
6. Total of ALL CRO-1310 Pages				\$ 15,696.58	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 15,555.13	
(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)					

Disbursements

Pg 8 of 8 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Mayor Dwight Lee City Council</i>				2. ID Number <i>20-3558777</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>Civil Penalty + Infraction Fund of the State of NC</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>25.-</i>
f. Account Code <i>117</i>	g. Form of Payment <i>check (1042)</i>	h. Purpose <i>penalty</i>	i. Date (mm/dd/yyyy) <i>11/21/2005</i>	j. Amount \$ <i>25.</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Harland checks</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>87.45</i>
f. Account Code <i>117</i>	g. Form of Payment <i>bank withdrawal</i>	h. Purpose <i>checks</i>	i. Date (mm/dd/yyyy) <i>10/12/2005</i>	j. Amount \$ <i>87.45</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			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 \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ <i>112.45</i>	
6. Total of ALL CRO-1310 Pages				\$ <i>15,696.58</i>	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				15,556.73	
(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)					

MOLLY LEIGHT FOR CITY COUNCIL

816 S MAIN ST
WINSTON-SALEM, NC 27101
PH. 336-761-8808

1042

Date 11/21/2005

66-21/680
BRANCH 1767

Pay to the
Order of

Local Property Maintenance Authority NC

\$ 35.00

Dollars



WACHOVIA

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

Pay to

⑆00101 2⑆ ⑆053000 219⑆ 2000017757185⑆

Diana A. Thomas

**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 amendment #2

DATE: 12/09/2005

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-1000 - Campaign report is noted as the 'Final' report. If the Committee's intention is to Close the Committee, there must be a 0 balance with the Final report. The period begin and end dates would be 10/25/05 until the last transaction date if less than 12/31/05. If the Committee's intention is to stay active, it would be on a semi-annual reporting schedule until the next election period and be reminded by this office. The period begin and end dates would be 10/25/05 until 12/31/05 for the next report. The check written to the Civil Penalty and Forfeiture Fund of the State of North Carolina is being forwarded to the SBE. CC: Kathie C. Cooper, Laura Gerardi-Dell, FCBCE; SBOE Campaign Reporting.

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:

ICR-001