				P. I of
		CO	Pv _	
Disclosure Report Co	ver			· i
Please note that this cover sheet	cannot be used to amend	committee information	n such as the committee a	ddress, treasurer
assistan	Ureasurer, custodian of he	oks information or a	mount information	
US	ement of Organization (C the Addendum form (CR	O-1010) if more entri	e those kinds of committe es are needed.	e changes.
1. Committee Information a. Full Name				
	1 - 1		c. ID Numbe	
b. Mailing Address (include City, State	nd Election	n Commit	tee 20-1,	923243
			d. Date Filed	
P.O. Box 171			8-22	-2005
Winston-Sa.	lem, NC 2	7116	e. Phone Nun	
			722	-1737
2. Report Year 3. Period Start Date	(mm/dd/yyyy) 4. Period E	and Date (mm/dd/yyyy)	5. Treasurer Full Name	
	005 8-6	9-2005	John Daven	port-
6. Type of Committee (Check one)	8. Type of Repo		be of report from one category)	
Joint Fundraiser DAC	Municipal Organization	State/County nal Organiza	tional Crganizat	ional
Referendum	Thirty-five of			
Type of Fund (if applicable, cl Soft Money Account		[b]	Plus 🗖 Final	
"Booster Fund"	Pre-election			ntal Final
Building Fund	Pre-runoff Semi-annual		d Plus 🗖 Annual	
NC Political Party Financing Fund				
Presidential Election Year Candidates	Fund 🔲 Year Ei		Year 9. Special Repo	ort Name
NC Public Campaign Financing Fund	🗖 Final	Year		
Other:	Special	Final		
0. Account Information				
Financial Institution Full Name	······································	10. Account Inform a. Financial Institution		
Branch Banke	Trust			
Purpose c.	Code	b. Purpose	c. Code	
Election of Condidate a	BBT_L			
Candidate a	Period Begin Balance		d. Period Begin	Balance
\$	1260.45	1560.45	\$	
ERTIFICATION		300 10		
certify that the Committee is in a		A . A . A .		
certify that the Committee is in c vith funds for a federal or out-of-s	tate PAC. I further say the	ons of Article 22A, in	cluding that no funds are	commingled
1 1/2		at ous report is comp	ete, true and correct.	
Mama Illans	noo ka		Nor 8-27	7= 7= 2 =
Printed Name of Signer	Sign Sign	nature of Appointer Treasu		2-2005
				ate
R OFFICE USE ONLY	7 A h			
Date Received: $8-2^{-1}$	305 Employ	ce: July pia	Delivery Method	· ·
Date Postmarked:	Employ		Registered Ma	Æ1
	Noteman 23 PM 12:	7	Hand Delivere	d i
Date Scanned:	Employ	že:	Electronically	Filed
D-1000	NC State Board	of Elections		March 2003

EORSYTH COUPLY

P.297

Detailed Summary			Amendment
1. Committee Full Name (and Fund if applicable)	2. Type of I	Report	2. ID Number
Kenkaymond Electionconthe	ka 85	Dar	20-1923243
Start of Election Cycle: January 1,		Total this Reporting Period	Total this
4) Cash on Hand at Start /	560.45	\$_ 1260.45	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 490.00	s 2065 V
6) Contributions from Individuals	(CRO-1210)	\$ 1200.00	\$ \$ 3660.59
7) Contributions from Political Party Committees	(CRO-1220)		s
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	S
0) Refunds/Reimbursements To the Committee	(CRO-1240)	s	s
1) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	S	S
11b) Contributions from Not-for-Profit Organizations		-	\$ 500
11c) Outside Sources of Income	(CRO-1250)	\$	s .4/
2) "Goods and Services" Contributions	(CRO-1260)	\$	s
3) TOTAL RECEIPTS			
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ Z 1,690.	00 \$ G,226.00
XPENDITURES			
() Disbursements	(CRO-1310)		
14a) Operating Expenditures \$5 films fee	(CRO-1310)	\$ 1,486,3	5 \$ 3786.90
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1491.35	\$ 3791,90
14c) Coordinated Party Expenditures		\$	s
) Loan Repayments	(CRO-1420)	\$	\$
) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ 500,00
) In-Kind Contributions	(CRO-1510)	\$ 1491.35	\$ 175.00
) TOTAL EXPENDITURES			4/11/ 90
(Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 1,486-35	
Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18) /7!	59.10	\$ -1-464-10	+s 4908.04
DDITIONAL INFORMATION			4.000
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
Outstanding Loans (incl. ones from other campaigns)		\$	
Debts and Obligations owed By the Committee		s s	
Debts and Obligations owed To the Committee		\$ \$	
Account Transfers Within the Committee		-	
		<u> </u>	
Administrative Support	(CRO-1710)	·	S
Forgiven Loans	(CRO-1440)		\$ /
48-Hour Notice Reports Sum D-1100 NC State Board		S	S

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Aggre	gated Contri	ibutions from	Individuals r	rage <u>5</u> of <u>7</u>	Amendment
1. Committe	e Full Name (and Fu	ind if applicable)		2	ID Number
1/0	n Kaymi	ml Eleci	tion Commi		20-1923243
	utor Informatio				
a. Amend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Remove	BBT-1	Check		7-11-05	\$ 25-00
Remove	BBT1	check		7-29-05	\$ 50.00
Remove Add	BBTI	check check check		8-2-05	\$ \$0.00
Remove Add	BBT1	Check		8-2-05	\$ 100.00
Remove Add	BBTI	Check		8-2-05	\$ 50.00
Remove Add	OB+1	Check		8-2-05	
Remove Add	BBT1	check check		8-2-05	\$ 25.00
Remove Add	BBTI	check		8-5-05	\$ 100.00
Remove Add					\$
Remove Add	——				\$
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Remove Add					\$
Remove Add					\$
Remove	·····				\$
Add Remove Add					\$
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Remove Add		· · · · · · · · · · · · · · · · · · ·			\$
Remove Add					\$
Remove					\$
Remove					\$
Remove					\$
I. Total only				5	490.00
5. Total of A (This line must)	LL CRO-120 be on line 5 of Detail)5 Pages ed Summary Page CRO-	1100)	\$	
CRO-1205			State Board of Elections		March 2003

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	Contributions from Individuals				Pg <u>3</u> of	Z Amendment Ves INo
i. (Committee Full Nam	e (and Fund if applicable))			2. ID Number
	Ken Ray	mand Elect		nittee	· · · · · · · · · · · · · · · · · · ·	20-1923243
	Contributor Info	rmation			emove	
	ull Name, Mailing A			b. Job Title/Pro	lession	d. Comments
	aclude city, state, &			Landsca		
		1. Crater	- .	1	me/Specific Field	
	2935 W	oodward R	d,	Crater L		
	Winsto,	n-Salem, No	027127	and Ga		e. Election Cycle Sum to Date
C. Pri	or g. Account Cod	c h. Form of Payment	i. Ia-Kind Descri	ntion	j. Date (mm/dd/yy	yy) k Amount
	BBTI			Puvn		
		Check			1-22-0	5 \$ 250,00
	·		· ·			\$
						S
-	patributor Iafore			Add 🗌 Rer	nove	
	l Name, Mailing Add			b. Job Title/Profes	ision	d. Comments
-	lude city, state, & zij 21 Fa Har			Homema	KPY	
				c. Employer's Nan	-	
	40 Heart	hside Dr.				
U	inston-9	alem, NC27	1/04			e. Election Cycle Sum to Date
		-	- -			\$ 400.00
f. Prio		h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y) k. Amount
	BBT1	check			7-22-05	\$ 200.00
						S
	<u> </u>					\$
	tributor Inform			Add 🗌 Rem	ove	
-	iame, Mailing Addr	tss & Phone		b. Job Title/Profess	ion d	d. Comments
l (mere	(Include city, state, & zip)			Retire	<i>(</i>	· ·
M	artha 1. 11	PIOPY	F			
Ma 12	ertha I. K 44 Arbo;	eiger r Rd #515		. Employer's Name		
Ma 12 Wi	ertha I. K 44 Arbei 1951-Sql	eiger r Rd #515 em NC 2711	94	. Employer's Name		. Election Cycle Sum to Date
Ma 12 Wi	nston-Sall	em NC271	9 ¼ i. In-Kind Descriptio	·	e	\$
Wi	mston-Sall E. Account Code	em NC 271	94	·	Date (mm/dd/yyyy)	\$
Wi	nston-Sall	em NC271	94	·	Date (mm/dd/yyyy)	\$) k. Amouat
<i>U</i> i	mston-Sall E. Account Code	em NC 271	94	·	Date (mm/dd/yyyy)	\$) k.Amouat 5 \$ 500.00
	mston-Sall E. Account Code	em, NC 2710 h. Form of Payment Check	94	·	Date (mm/dd/yyyy) 7-2.2-0	\$) k.Amouat 5 \$ 500.00 \$ \$ \$
6. Prior	nston-Sall e. Account Code BBTL al only this Pa	em, NC 2711 h.Form of Payment Check	94	·	Date (mm/dd/yyyy) 7-2.2-0	\$ k.Amouat 5 \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
() Prior () () () () () () () () () ()	nston-Sall e. Account Code BBTI al only this Pa al of ALL CR se must be on line 6	em, NC 2710 h. Form of Payment Check	9γ i. Ia-Kind Descripti	041 j.	Date (mm/dd/yyyy) 7-2.2-0	\$) k.Amouat 5 \$ 500.00 \$ \$ \$

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C C

C	Contributions from Individuals					e <u>L</u> of	<u>7</u>	Amendment
l. C	ommittee Full Nam	e (and Fund if applicable					_	ID Number
	<u> </u>	mond E		emm.	He	e''		20-1923293
	Contributor Info		C	Add	Re	move		
	ell Name, Mailing A clude city, state, &			b. Job Tit	ic/Prof	ession	d. (Comments
		2. Helver 1		c. Employ	er's Na	me/Specific Field		
	1916 Geor	rgia Ave. Salem, NC						
10	Vinston-	SalemINC	-27/04					Election Cycle Sum to Date
				<u> </u>			\$	
l. Pri		1 1		ption		j. Date (mm/dd/y)		k. Amount
	BBT	1 check				8-2-0	25	\$ 250.00
							-	\$
. 🗆								\$
	atributor Infor			Add [] Ren	aove		
	Name, Mailing Ad			b. Job Title	/Profes	sion	d. Ci	Denments
(incl	ude city, state, & zi	p)						
	-			c. Employer	's Nam	e/Specific Field	1	
							c. Eld	ection Cycle Sum to Date
		•					\$	
î, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	if	. Date (mm/dd/yyy	y)	k. Amonat
								\$
						, <u>, , , , , , , , , , , , , , , , </u>	1	\$
						<u> </u>		\$
3. Con	tributor Inform		<u> </u>	Add 🗌	Rem			· · · · · · · · · · · · · · · · · · ·
	ame, Mailing Adde					d. Cor	Comments	
(inclue	le city, state, & zip))				·····		
			ŀ	Employer	Name	Specific Field		
			· •					
						· · •	e. Election Cycle Sum to Date	
						i.	\$	-
Prior	g. Account Code	L. Form of Payment	i. In-Kind Descripti	091	j.	Date (mm/dd/yyyy) k	Amount
								S
							1	\$
								\$
. Tots	l only this Pa	age			. .	l	\$	250.00
. Tota	l of ALL CR	O-1210 Pages					\$	250.00
(This lin RO-12		of Detailed Summary Pe			_		- /	March 2003
n <i>v-12</i>	l V		NC State Board	of Elections				Marcu 2003

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Disburs				Pg <u>6</u> of Z	
1. Committee	Full Name (and Fund if appl	icable)			2. ID Number
Ken	Raymond E	lection C	mmitte	e	20-19232
		ise separate CRO-1310 fo			
Operating		tributions to Candidates/F			ated Party Expenditures
4. Payee Inf	Ormation Mailing Address & Phone			Committee Name	d. Comments
(include city,	+		D. Coor dinated	Committee Prante	u. comments
Comp					
	nore head Ave.	71.4 P.	c. Level Registe		4
			Federai State	County: Municipality:	e. Election Cycle Sum (
oreen	sboro, NC 2740	27		_	c
					[*
f. Account Code	g. Form of Payment	h. Purpose	1 1	i. Date (mm/dd/yy)	
BBTI	check# 1010	o walking	Slist	7-5-200	05 \$ 40.6
					\$
4. Payee Info	rmation		Add R	emove	
a. Full Name, Mi	alling Address & Phone		b. Coordinated (Committee Name	d. Comments
(include city, s	tate, & zip)				
U.S.	Post master		c. Level Register	ed (Specify)	
1300	N: Patkerson	Ave.	Federal	County:	
	C 27105		State	Municipality:	e. Election Cycle Sum to
				•	\$ \$ 300.0
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	y) j. Amouat
BBTI	check# 1011	stamp	5	7-15-0	5 \$ 150,00
·					\$
4. Payee Infor	mation		Add 🗌 Re	move	
a. Full Name, Mai	iling Address & Phone		b. Coordinated C	ommittee Name	d. Comments
(include city, st					
Techs	Corp.	<i>•</i>	c. Level Registere	d (Specify)	•
103 l	Vest Court	Square	Federal	County:	
Linco	Vest Court Inton, NC2	2092	State	Municipality:	e. Election Cycle Sum to
					\$
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy) j. Amount
BBTI	electronic payment	Enternet	Ad	1-5-200	5 \$ 180,00
	•				\$.
5. Total only	this Page				s 370.6
	LL CRO-1310 Pag	zes		1	
(This line goes in	line 14a of Detailed Summ	ary Page CRO-1100 if O			\$ 11486 -
	line 14h of Detailed Summ	ary Page CRO-1100 if C	ontrib to Candidates/I	Political Comm)	•
• –	line 14c of Detailed Summ				

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	ements			Pe of	Z	I Yes
L. Committee	Full Name (and Fund if applic	abic)			2.1	D Number
V	America del	11 0			1-	0-107 27
<u>Len</u>	JEAN THOMA & / C. Disbursement (Please use	etra Com				0-192.32
Operating		e separate CRO-1310 for ributions to Candidates/Pe			nated P	arty Expenditures
4. Payee Inf				kemove		ary Experiences
	Mailing Address & Phone			Committee Name	d. C	Comments
(include city,	state, & zip)					
Cam	paign Secrets	5			_	
	Ridge mill Te		c. Level Registe	County:	-{	
		nac		• ·	: c. E	lection Cycle Sum to I
Dacu	ula, Ga.				\$	49.9
f. Account Code		h. Perpose		i. Date (mm/dd/yy	(22)	j. Amount
BBTI	- debit	website	2	7-25-	05	\$ 24.95
-						\$
4. Payee Info		C	Add 🗌 Re	emove		
_	ailing Address & Phone		b. Coordinated (Committee Name	d. Co	omments
(include city, s						
	ositive Influ		c. Level Register	ed (Specify)	1	
163 8	Stratford Ci	t.	Federal	County:	1	
WSI	NC 27103			Municipality:		i217.60
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy)	i na seconda de la compañía de la compañ	. Amount
BBTI	check# 1012	mailing	P _	7-26-0	5	\$ 522.66
						S
						<u> </u>
4. Payce Inform	mation] Add 🗌 Re	move		
4. Payee Infor a. Full Name, Mai	lling Address & Phone	C	Add Re		d. Co	mments
4. Payce Inform a. Full Name, Mai (include city, sta	lling Address & Phone Ite, & zip)				d. Co	·
4. Payce Inform a. Full Name, Mai (include city, sta	lling Address & Phone Ite, & zip)	C ?////////////////////////////////		ommittee Name	d. Co	
4. Payce Inform a. Full Name, Mai (include city, sta	lling Address & Phone Ite, & zip)	C	b. Coordinated C c. Level Registere	ommittee Name d (Specify) County:		mments
4. Payce Inform a. Full Name, Mai (include city, sta	lling Address & Phone Ite, & zip)	C ?////////////////////////////////	b. Coordinated C c. Level Registere	ommittee Name		mments
4. Payce Inform a. Full Name, Main (include city, sta The Me 163 - US,	lling Address & Phone nee, & zip) Bositive Influen Stratford Ct. NC 27/03	C //e !/	b. Coordinated C c. Level Registere	ommittee Name	c. Elec S	mments ction Cycle Sum to Da
4. Payce Inform a. Full Name, Main (include city, sta The Me 163 - US,	lling Address & Phone Ite, & zip)	h. Purpose	b. Coordinated C c. Level Registere [] Federal [] State	ommittee Name d (Specify) D County: Municipality: i. Date (num/dd/yyy	c. Elec S	mments ction Cycle Sum to Da
4. Payce Inform a. Full Name, Main (include city, sta The Ne 163 - US,	lling Address & Phone nee, & zip) Bositive Influen Stratford Ct. NC 27/03	h. Purpose	b. Coordinated C c. Level Registere [] Federal [] State	ommittee Name d (Specify) D County: Municipality: i. Date (num/dd/yyy	c. Elec S y) j.	nments ction Cycle Sum to Da 1 7 85- 3 Ansount
4. Payce Inform a. Full Name, Main (include city, sta The Ma 163 US, WS,	ling Address & Phone ate, & zip) bs:/five_Influen Stratford Ct. NC 27/03 g. Form of Payment	h. Purpose	b. Coordinated C c. Level Registere [] Federal [] State	i. Date (ann/dd/yyy 8 -16 -05	c. Elec \$ y) j.	mments ction Cycle Sum to Da 1 7 85-3 Amount \$ 568.14 \$
4. Payce Inform a. Full Name, Main (include city, sta The Ma 163 US, WS,	lling Address & Phone ne, & zip) Bositive Influent Stratford Ct. NC 27/03 g. Form of Payment Check # 10/3	h. Purpose	b. Coordinated C c. Level Registere [] Federal [] State	i. Date (ann/dd/yyy 8 -16 -05	c. Elec \$ y) j.	mments ction Cycle Sum to Da 1 7 85-3 Amount \$ 568.14 \$
4. Payce Infor a. Full Name, Mai (include city, sta The Ne 163 US Account Code BBT-4 5. Total only 5. Total of A (This line goes in (This line goes in	lling Address & Phone ne, & zip) Bositive Influent Stratford Ct. NC 27/03 g. Form of Payment Check # 10/3	h. Purpose Tri-fold k Page CRO-1100 if Oper y Page CRO-1100 if Oper y Page CRO-1100 if Oper	b. Coordinated C c. Level Registere Federal State <i>Prochures</i> erating Expenses) mrib to Candidates/B	ommittee Name	c. Elec \$ y) j.	nucuts ction Cycle Sum to Da 1785-3 Antount \$568.14

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For Office Use Only
SBOE ID #_____
Follow-Up Date_____
Reviewed By_____

CAMPAIGN REPORT DISCREPANCIES REPLY REQUIRED

TO:	Treasurer	Ken Raymond
	Committee	Ken Raymond Election Committee
	Address	PO Box 17125
		Winston-Salem, NC 27116

FROM: Campaign Finance Office

REPORT IN QUESTION: 2005 Thirty-Five Day Report

DATE: 08/23/2005

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 <u>first</u> notice. You must respond within <u>thirty</u> 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).

1141	ne 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.						
1	OTHER CRO-1100 - See enclosed suggestions on sample; computations should be corrected as per detailed instructions on form.						
	Total this Election Cycle will always be zero for this election cycle. Amendment should be corrected as soon as possible.						
	CRO-1000 - Change Period Begin Balance. CRO-1310 - \$5.00 filing fee is missing; change Total All Pages.						
	CRO-1210 - Complete information on Helvey contribution. Please contact me at 703-2808 to schedule an appointment						
	for completion.						

Please send your reply to : Judy J. Speas, 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: