Disclosure Report Cover

COPY

Amendment ☑ Yes ☐ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasure 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.29

1. Committee Information

a. Full Name	c. ID Number
Walter Marshall Campaign	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1500 Reynard Dr. Kernersville, N.C, 27284	
	e. Phone Number 996.2218

RECEIVED

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	January 1, 2006	June 30, 2006	Harry James Jr.

6. Type of Committee *(Check one)*

- ☐ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☑ Other: Donations from Individuals

8. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☑ First Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name	b. Purpose	c. Code	d. Period Begin Balance
Mechanics & Farmers Bank 116 Martin Luther King Dr Winston-Salem, N.C 27105	Use for Campaign		$

10. Account Information

a. Financial Institution Full Name	b. Purpose	c. Code	d. Period Begin Balance
Mechanics & Farmers Bank 116 Martin Luther King Dr Winston-Salem, N.C 27105	Use for Campaign		$

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.

Harry James Jr	Harry James Jr.	6/26/06
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	7-3-06	Employee:	Judy Speas	☑ Normal Mail
Date Postmarked:	7--06	Employee:	Judy Speas	☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered
				☐ Electronically Filed

2

Detailed Summary

Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number
Walter Marshall Campaign		

Start of Election Cycle: January 1, 06		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3,545.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 325.00	$
6) Contributions from Individuals	(CRO-1210)	$ 3,220.00	$
7) Contributions from Political Party Committees	(CRO-1220)	$ 0	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 0	$
9) Loan Proceeds	(CRO-1410)	$ 0	$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$ 0	$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$ 0	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$ 0	$
11c) Outside Sources of Income	(CRO-1250)	$ 0	$
12) "Goods and Services" Contributions	(CRO-1260)	$ 0	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 3,545.00	$
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 2534.65	$
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0	$
14c) Coordinated Party Expenditures	(CRO-1310)	$ 0	$
15) Loan Repayments	(CRO-1420)	$ 0	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 287.06	$
17) In-Kind Contributions	(CRO-1510)	$ 0	$
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 2,821.71	$
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 723.29	$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0	
25) Administrative Support	(CRO-1710)	$ 0	$
26) Forgiven Loans	(CRO-1440)	$ 0	$
27) 48-Hour Notice Reports Sum		$ 0	$

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Gerald Long 7631 Lasater Rd. Clemmons NC 27012	Pres of LA Reynolds Garden			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		4/3/06	$ 500 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Joseph Daniels 725 Morris Rd. W-S. NC. 27101	Pres. NationWide			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐				3-24-06	$ 120 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
M. Burney-Edwards 878 Myers Rd Chalfont PA 18914	Reteducator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		4-25-06	$ 100 00
☐					$
☐					$

4. Total only this Page	$ 720.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Harold Martin Sr. 5005 Marble Arch Rd. W-S NC 27104	Chancellor of WSSU			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		4/18/06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Raymond M. Marshall P.O. Box 20216 W-S NC. 27120	Attorney			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		4-18-06	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
William T Brandon 3545 Parrish Rd. W-S. NC. 27105	Ret City employee			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		4-4-06	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Andrew D Marshall 70 Tamarack Rd. San Geronimo CA 94963	Developer			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4-24-06	$ 250 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Helen M. Durr 615 Sunny Field Dr Kernersville NC. 27284	Retteducator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4-25-06	$ 100 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Larry Leon Hamlin 3430 Willow Wind Dr. Pfafftown NC. 27040	Dir. of NC Black Theatre			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/18/06	$ 100 00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

6

Contributions from Individuals

Pg 5 of 14 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
James Allen Joines 713 Surrey Path Trail W-S NC. 27104	Mayor of W-S			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		3-15-06	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Fred Marshall 4281 Mill Creek Rd. W-S N.C. 27106	Risk Manager for W-S			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check			$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Charles Hardison 108 Martin Luther King Dr. W-S NC. 27101	Owner of Forsyth Seafood			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check			$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Benjamin Henderson 3411 Jeketer Dr. W-S NC 27105	Ret. educator.			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check			$ 1000
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Krista C. Marshall 848 Berkeley Ave Plainfield N.J. 07062	educator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		3-17-06	$ 1000 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Steven Hairston 2365 Riley Forest Dr W-S. N.C. 27127	Ret. Police officer			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		3-12-06	$ 1000 00
☐					$
☐					$

4. Total only this Page	$ 366.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Billy D. Friende Jr P.A. 548 N. Main St. W-S N.C. 27101	Attorney			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3-3-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Graham F. Bennett Janice B Bennett P.O. Box 2736 W-S NC 27102	President Quality Oil Co.			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3-3-06	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Samuel G. Puryear 3742 Bunker Dr W-S NC 27105	Ret educator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3-12-06	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 450.00

6

Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Marshall Bass 3726 Spaulding Dr W-S NC 27105	Retired RJR exec.			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3-3-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Katherine R. Marshall 1520 Portal Dr. NW Washington DC 20012	Chemist @ Johnson Control			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3-7-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Barbara S. Hayes 3910 Pomeroy Dr W-S NC. 27105	Retired educator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check		3-3-06	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2400.00

3

Aggregated Contributions from Individuals

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove		check(s)		3/12/06	$ 30.00
☐ Add ☐ Remove		check		3/13/06	$ 25.00
☐ Add ☐ Remove		check		3/22/06	$ 25.00
☐ Add ☐ Remove		check		3/14/06	$ 75.00
☐ Add ☐ Remove		check		4/18/06	$ 50.00
☐ Add ☐ Remove		check		4/13/06	$ 25.00
☐ Add ☐ Remove		check		4/8/06	$ 20.00
☐ Add ☐ Remove		check		4/9/06	$ 25.00
☐ Add ☐ Remove		check		3/20/06	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 325.00

6

Disbursements

Pg 10 of 14 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Forsyth County Election Board 101 N. Chestnut St. W-S NC. 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	filing Fee	2-13-06	$ 176.80
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Triad Sports Report 2330 Ansonia Rd. W-S NC. 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Newspaper Ad	4-20-06	$ 150 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Miller the printer 616 N. Trade St. W-S. NC. 27101	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Brochere Cards	4-11-06	$ 133.75
				$

5. Total only this Page	$
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)*	$

6

Disbursements

Pg 11 of 14 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WSJS Radio 834 West 4th St W-S NC. 27101	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Radio Advertisement	4-28-06	$ 364.80
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
W-S Chronicle 617 N. Liberty St. W-S NC. 27101	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Newspaper Ad.	4-27-06	$ 235.50
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Victory Store 5200 SW 30th St. Suite 7 W-S N.C. 27[illegible]10	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check	Posters label pins T-shirts	3-22-06	$ 1,023.80
				$

5. Total only this Page	$
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)*	$

1

Refunds/Reimbursements From the Committee

Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Walter Marshall Campaign 1500 Reynard Dr. Kernersville, N.C. 27284	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date
		i. Original Receipt Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Cycle Sum to Date
		Toner, Food for Poll Workers Copies	$ 237.06

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Harry James Jr. 1500 Reynard Dr. Kernersville, N.C. 27284	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date
		i. Original Receipt Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Cycle Sum to Date
		Hole Puncher, Staple Gun, Gas	$ 50.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date
		i. Original Receipt Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Cycle Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$287.06

4. Total only this Page	$
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

6

Disbursements

Pg 12 of 14 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Chevelle Jones		☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Gloria Lowery		☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Sandra Clark		☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50 00
				$

5. Total only this Page	$
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)*	$

6

Disbursements

 Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Walter Marshall Campaign	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Vicky Rickard		☐ Federal ☐ County: ☐ State ☐ Municipality:	Pollworker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
			5-2-06	$ 50 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Martcia Killian		☐ Federal ☐ County: ☐ State ☐ Municipality:	Pollworker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
			5-2-06	$ 50 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Sophronia Cathcart		☐ Federal ☐ County: ☐ State ☐ Municipality:	Pollworker	$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
			5-2-06	$ 50 00
				$

5. Total only this Page	$
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)*	$

6

Disbursements

Pg 14 of 14 | Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Catherine Cheatam	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker
		e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50°°
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Cleo Kimbrough	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker
		e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50°°
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Lynn G. Smith	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Poll worker
		e. Election Cycle Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	check		5-2-06	$ 50°°
				$

5. Total only this Page	$
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)*	$

For Office Use Only
SBOE ID #: _____
Follow-Up Date _____
Reviewed By _____

CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED

TO: Treasurer: Harry James, Jr.
Committee: Walter Marshall Campaign
Address: 1500 Reynard Drive
Kernersville, NC 27284

FROM: Campaign Finance Office

REPORT IN QUESTION: Second Quarter Report

DATE: 07/06/2006

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

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

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

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

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

Name of contributor(s):

☐ A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.

☐ The purpose of expenditure was not listed on the Itemized Disbursements page.

☐ Disbursements for media expenses are paid with cash.

☐ Disbursements over $50 that are not for postage are paid with cash.

☑ "Sum to date" information not provided.

☐ We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of $_____.

☑ No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.

☐ Contributions from the following contributors exceed the $4,000 per election limit:

_____ on _____

_____ on _____

_____ on _____

_____ on _____

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

☑ OTHER CRO-1000 - See highlighted areas for correction. CRO-1100 - Cash on Hand at Start should be Zero; always complete right column. CRO-1205 - always complete the account code of 809 for reports. CRO-1210 - Joint contributions are prohibited - the Bennett contribution must be changed to a single contributor. The Marshall and James in-kind contributions that were reimbursed should also appear on the appropriate contribution form. Check all pages for highlighted areas that need completion of the account code, form of payment, and election cycle sum to date. CRO-1310 - complete all addresses. CRO-1320 - the first refund should be made to the candidate, not the committee.

Please send your reply to : Judy J. Speas Forsyth County Board of Elections, 201 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