

COPY

Disclosure Report Cover

FOR STATE COUNTY
Amendment ☒ Yes ☐ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.

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

1. Committee Information

a. Full Name

Walter Marshall Campaign

c. ID Number

HT4945

b. Mailing Address (include City, State and Zip Code)

1500 REYNARD Dr.
Kernersville N.C. 27284

d. Date Filed

6-30-2006

e. Phone Number

(336) 996-2212

2. Report Year

2006

3. Period Start Date (mm/dd/yyyy)

January 1, 2006

4. Period End Date (mm/dd/yyyy)

June 30, 2006

5. Treasurer Full Name

Harry James Jr

6. Type of Committee (Check one)

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

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

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First Plus
☒ Second
☐ Third Plus
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

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:

9. Special Report Name

10. Account Information

a. Financial Institution Full Name

Mechanics & Farmers Bank
770 North Henderson Dr.
Winston-Salem N.C. 27105

10. Account Information

a. Financial Institution Full Name

Mechanics & Farmers Bank
770 North Henderson Dr.
Winston-Salem N.C. 27105

b. Purpose

Use for Campaign

c. Code

d. Period Begin Balance

\$ 0

b. Purpose

Use for Campaign

c. Code

d. Period Begin Balance

\$

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

Printed Name of Signer

Harry James Jr

Signature of Appointed Treasurer

6/25/06

Date

FOR OFFICE USE ONLY

Date Received:

7-17-06

Employee:

Judy Speas

Delivery Method

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

Date Postmarked:

Employee:

Date Scanned:

Employee:

Detailed Summary

Amendment

☒ Yes

☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Walter Marshall Campaign				HTY945	
Start of Election Cycle: January 1, 06		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 325.60	
6) Contributions from Individuals (CRO-1210)		\$		\$ 3220.00	
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)		\$		\$ 3545.00	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$		\$ 2821.71	
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)		\$		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$		\$ 0	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$		\$ 2821.71	
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)		\$			
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)		\$		\$ 0	
26) Forgiven Loans (CRO-1440)		\$		\$ 0	
27) 48-Hour Notice Reports Sum		\$		\$ 0	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign					2. ID Number HTY945	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gerald Long 7631 Lasater Rd Clemmons NC 27012				b. Job Title/Profession Res of LA Reynolds		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	809	check		4/3/06	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joseph Daniels 725 Morris Rd. W-S N.C. 2701				b. Job Title/Profession Pres NationWide		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$ 120.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	809	check		3-24-06	\$ 120.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) M. Burney-Edwards 878 Myers Rd. Chalfont PA. 18914				b. Job Title/Profession Ref educator		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4-25-06	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 3220.00	

Contributions from Individuals

Pg 4 of 16

Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign					2. ID Number HT4945	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Harold Martin 5005 Marble Arch Rd. W-S NC 27104			b. Job Title/Profession Chancellor of WSSU		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 100⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	809	check		4-18-06	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Raymond M. Marshall P.O. Box, 20216 W-S N.C. 27120			b. Job Title/Profession Attorney		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 200⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	809	check		4-18-06	\$ 200 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) William T. Brandon 3545 Parish Rd. W-S N.C. 27105			b. Job Title/Profession Ret City Employee		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 100⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4-4-06	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3220⁰⁰	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <u>Walter Marshall Campaign</u>						2. ID Number <u>HTY945</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Andrew D. Marshall</u> <u>70 Tamarack Rd.</u> <u>SAN Geronimo CA 94963</u>				b. Job Title/Profession <u>Developer</u>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>250.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>4-24-06</u>	\$ <u>250.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Helen M. Durr</u> <u>615 Sunnyfield Dr.</u> <u>Kemersville NC 27284</u>				b. Job Title/Profession <u>Ret educator</u>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>4-25-06</u>	\$ <u>100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Larry Leon Hamlin</u> <u>3430 Willow Wind Dr.</u> <u>Pittsboro N.C. 27040</u>				b. Job Title/Profession <u>Dir of NC Black Thr</u>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>4-18-06</u>	\$ <u>100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>450.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ <u>3220.00</u>	

Contributions from Individuals

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Walker Marshall Campaign					HTY945	
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
James Allen Jones 713 Surrey Path Trail W-S N.C. 27104				Mayor of W-S		
				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"/>	809	check		3-15-06	\$ 150 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Fred Marshall 4281 Mill Creek Rd. W-S N.C. 27106						
				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"/>	809	check		4-24-06	\$ 250 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Charles Hardison 108 Martin Luther King Jr. Dr. W-S NC 27101				Owner of Fourth Street		
				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"/>	809	check		4-25-06	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 3220 ⁰⁰	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Walter Marshall Campaign</i>						2. ID Number <i>HTY945</i>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Benjamin Henderson 3411 Jekater Dr. W-S NC. 27605</i>				b. Job Title/Profession <i>Ret Educator</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>100⁰⁰</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>809</i>	<i>check</i>		<i>3-18-06</i>	\$ <i>100⁰⁰</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) <i>Krista C. Marshall 848 Berkeley Ave. Plainfield NJ 07062</i>				b. Job Title/Profession <i>Educator</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>100⁰⁰</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>809</i>	<i>check</i>		<i>3-17-06</i>	\$ <i>100⁰⁰</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) <i>Steven Hairston 2365 Riley Forest Dr. W-S N.C. 27127</i>				b. Job Title/Profession <i>Ret Police officer</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>100⁰⁰</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>809</i>	<i>check</i>		<i>3-12-06</i>	\$ <i>100⁰⁰</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>300⁰⁰</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ <i>3220⁰⁰</i>	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <u>Walter Marshall Campaign</u>	2. ID Number <u>HTY945</u>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Billy D. Friende Jr. PA.</u> <u>548 N. Main St.</u> <u>W-5 NC 27101</u>			b. Job Title/Profession <u>Attorney</u>		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>100⁰⁰</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>3-14-06</u>	\$ <u>100⁰⁰</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Graham F. Bennett</u> <u>P.O. Box 2736</u> <u>W-5 N.C. 27102</u>			b. Job Title/Profession <u>President Quality Oil</u>		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>250⁰⁰</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>3-3-06</u>	\$ <u>250⁰⁰</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Samuel G. Poryear</u> <u>3742 Dunube Dr.</u> <u>W-5 NC 27105</u>			b. Job Title/Profession <u>Ret Educator</u>		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <u>100⁰⁰</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>3-12-06</u>	\$ <u>100⁰⁰</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$ <u>450.00</u>
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ <u>3220.00</u>

Contributions from Individuals

Pg 9 of 16

Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <u>Walter Marshall Campaign</u>	2. ID Number <u>HTY945</u>
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3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Marshall Bass</u> <u>3726 Spaulding Dr.</u> <u>W-5 NC 27105</u>	b. Job Title/Profession <u>Ret. JR Exec</u>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <u>100⁰⁰</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>3-3-06</u>	\$ <u>100⁰⁰</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Katherine Marshall</u> <u>1520 Portal Dr NW</u> <u>Washington DC 20012</u>	b. Job Title/Profession <u>Chemist @ Johnson</u> <u>Controls</u>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <u>100⁰⁰</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>809</u>	<u>check</u>		<u>3-7-06</u>	\$ <u>100⁰⁰</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Barbara S. Hayes</u> <u>3910 Pomeroy Dr.</u> <u>W-5 N.C. 27105</u>	b. Job Title/Profession <u>Ret. Educator</u>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <u>200⁰⁰</u>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>809</u>	<u>checks</u>		<u>3-3-06</u>	\$ <u>200⁰⁰</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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) \$ 3220.⁰⁰

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☒ Yes ☐ No

CRO-1205

Disbursements

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign				2. ID Number	
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) Walter Marshall 3641 Kitterling Dr. W-S N.C. 27105			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 \$ 237.06
f. Account Code	g. Form of Payment	h. Purpose Tones, Food for poll workers cupcakes	i. Date (mm/dd/yyyy) 5-4-06	j. Amount \$ 237.06	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Harry James Jr. 1500 Reynard Dr Kernersville N.C. 27284			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 \$ 3000
f. Account Code	g. Form of Payment	h. Purpose Hol puncher, staple gun, Gas	i. Date (mm/dd/yyyy)	j. Amount \$ 56.00	
				\$	
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				\$ 287.06	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 2821.71	

CRO-1310

NC State Board of Elections

March 2003

Disbursements

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Walter Marshall Campaign</i>				2. ID Number <i>HTY945</i>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Forsyth County Election Board 101 N. Chartnut St. W-S N.C. 27105</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>176.80</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>check</i>	<i>Filing Fee</i>	<i>2-13-06</i>	\$ <i>176.80</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Triad Sports Report 2330 Ansonia Rd. W-S. N.C. 27105</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>15000</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>809</i>	<i>check</i>	<i>Newspaper Ad.</i>	<i>4-20-06</i>	\$ <i>15000</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Miller the Printer 616 N. Trade St. W-S N.C. 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>133.75</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>809</i>	<i>check</i>	<i>Brochure Cards</i>	<i>4-11-06</i>	\$ <i>133.75</i>	
				\$	
5. Total only this Page				\$ <i>462.55</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <i>2821.71</i>	

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NC State Board of Elections

March 2003

Disbursements

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Walter Marshall Campaign				HTY945	
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
WSTS Radio 834 West 4th St. W-S N.C. 27101			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:		
					\$ 364.80
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
809	check	Radio Advertisement	4-28-06	\$ 364.80	
				\$	
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
W-S Chronicle 617 N. Liberty St. W-S N.C. 27101			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:		
					\$ 235.50
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
809	check	Newspaper Ad.	4-27-06	\$ 235.50	
				\$	
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
Victory Store 5200 SW 30th St Suite 7 W-S N.C. 27110			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:		
					\$ 1,023.80
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
809	check	Posters labels pins T-shirts	3-22-06	\$ 1,023.80	
				\$	
5. Total only this Page				\$ 1,624.10	
6. Total of ALL CRO-1310 Pages				\$ 2821.71	
(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)					

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NC State Board of Elections

March 2003

Disbursements

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Walter Marshall Campaign</i>				2. ID Number <i>HTY945</i>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Chevelle Jones 3713 Wabash Blvd W-S N.C. 27105</i>		b. Coordinated Committee Name		d. Comments <i>Poll Worker</i>	
		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>50.00</i>	
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Glorie Lowery 1445 Addison Ave W-S NC 27105</i>		b. Coordinated Committee Name		d. Comments <i>Poll worker</i>	
		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>50.00</i>	
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sandra Clark 255 Marvin Blvd W-S N.C. 27107</i>		b. Coordinated Committee Name		d. Comments <i>Poll worker</i>	
		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>50.00</i>	
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
5. Total only this Page				\$ <i>150.00</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <i>2821.71</i>	

Disbursements

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Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <i>Walter Marshall Campaign</i>				2. ID Number <i>HTY945</i>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Vicky Rickard 7611 Old Lexington Rd W-S N.C. 27105</i>			b. Coordinated Committee Name		d. Comments <i>Poll worker</i>
			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>50.00</i>
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Martela Killan 4504 Tise Ave W-S N.C. 27105</i>			b. Coordinated Committee Name		d. Comments <i>Poll worker</i>
			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>50.00</i>
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sophronia Cathcart 2601 Reynolda Rd. W-S N.C. 27107</i>			b. Coordinated Committee Name		d. Comments <i>Poll worker</i>
			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>50.00</i>
f. Account Code <i>809</i>	g. Form of Payment <i>check</i>	h. Purpose	i. Date (mm/dd/yyyy) <i>5-2-06</i>	j. Amount \$ <i>50.00</i>	
				\$	
5. Total only this Page				\$ <i>150.00</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <i>2821.71</i>	

Disbursements

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <u>Colelker Marshall Campaign</u>				2. ID Number <u>HTY945</u>	
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) <u>Catherine Cheatom</u> <u>1427 Thurmond St</u> <u>W-S N.C. 27105</u>			b. Coordinated Committee Name		d. Comments <u>Poll worker</u>
			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 \$ <u>50.00</u>
f. Account Code <u>809</u>	g. Form of Payment <u>check</u>	h. Purpose	i. Date (mm/dd/yyyy) <u>5-2-06</u>	j. Amount \$ <u>50.00</u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Cleo Kmbrough</u> <u>1401 E 5th St.</u> <u>W-S NC 27110</u>			b. Coordinated Committee Name		d. Comments <u>Poll worker</u>
			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 \$ <u>50.00</u>
f. Account Code <u>809</u>	g. Form of Payment <u>check</u>	h. Purpose	i. Date (mm/dd/yyyy) <u>5-2-06</u>	j. Amount \$ <u>50.00</u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lynn G. Smith</u> <u>1519 Marble St</u> <u>W-S N.C. 27105</u>			b. Coordinated Committee Name		d. Comments <u>Poll worker</u>
			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 \$ <u>50.00</u>
f. Account Code <u>809</u>	g. Form of Payment <u>check</u>	h. Purpose	i. Date (mm/dd/yyyy) <u>5-2-06</u>	j. Amount \$ <u>50.00</u>	
				\$	
5. Total only this Page				\$ <u>150.00</u>	
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)				\$ <u>2821.71</u>	

CRO-1310

NC State Board of Elections

March 2003

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 Amendment

DATE: 07/21/2006

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 - Complete new form for each report; see highlighted areas for completion throughout report.
- CRO-1100 - always complete both columns. Check math on sample. CRO-1205 - See additional \$50 James contribution. CRO-1210 -
- See additional \$237.06 Marshall contribution. These two contributions should appear on the CRO-1510 as in-kind and
- on the CRO-1320 for refunding. Check figures on samples; return complete report with the new CRO-1000. Thank you.

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: