

Amendment

Please note that this cover sh	eet cannot be use	ed to amend c	ommittee information	such as the commi	ttee address, treasures
Assist You must amend the S	ant treasurer, cus Statement of Orga	todian of boo inization (CR	ks information, or act O-2100A-E) to make	count information those kinds of comr	nittee changes.
	Use the Addendu	m form (CRC	0-1010) if more entrie	s are needed.	
1. Committee Information					
a. Full Name				c. ID N	umber
Walter Marshal	1 Campaia	n			(945
b. Mailing Address (include City, S				d. Date	Filed
Harry James Jr 1500 Reynard Dr Kernersville, N.C					
Kernersville, N.C	27284				e Number
				336 5. Treasurer Full Nam	-996-2218
2. Report Year 3. Period Start I	ate (mm/dd/yyyy)	4. Period En	d Date (mm/dd/yyyy)	5. I reasurer Pau Nam	с
				Harry Jame	s Jr
6. Type of Committee (Check one)	8.	Type of Report		of report from one cale	gory)
		unicipal	State/County	Referen	
		Organization		onal Org	anizational
Referendum] Thirty-five da	y Quarterly	Pre	-referendum
7. Type of Fund (if applicable	e, check one)	Pre-primary	First		
Soft Money Account		Pre-election	Secor	· 1 = ·	plemental Final
"Booster Fund"		Pre-runoff	Third		
Building Fund	_	Semi-annual	Fourt		cial
NC Political Party Financing Fun		Mid Yea			1 (D 1) (
Presidential Election Year Candid	12	Year End			il Report Name
NC Public Campaign Financing F	und	∫ Final		End	
Other:	jL-] Special	Final Special		
10. Account Information			10. Account Inform	ation	<u> </u>
2. Financial Institution Full Name	······		a. Financial Institution I		······································
Mechanics & Farmers B 770 MLK Dr. Winsto b. Purpose	ank n-Salem N.I	Ĉ			
b. Purpose	c. Code	×	b. Purpose	c. Code	
Use for Compaign	809				
Purpose	d. Period Begin B	alance		d. Period	Begin Balance
	S ()			S	
CERTIFICATION					
I certify that the Committee is with funds for a federal or out-	in compliance wi of-state PAC. It	ith all provision further say the	ons of Article 22A, in at this report is compl	cluding that no fund ete, true and correc	ds are commingled t.
Harry James Jr Printed Name of Sign	er	Hann	ature of Appointed Treasu	· · · · · · · · · · · · · · · · · · ·	E & 06 Date
FOR OFFICE USE ONLY	!				
Duto Recontou.	-27-06	Employ	ce: <u>Judy Spe</u>		Mail
Date Postmarked:	none	Employ	ee: Judy per	Hand D	red Mail elivered
Date Scanned:		Employe			nically Filed
CRO-1000		NC State Board	of Elections		March 2003

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			Amendment
Detailed Summary			Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of Re	eport 3	ID Number
Walter Marshall Campaign			HT Y945
Start of Election Cycle: January 1,	_	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s Q	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	s O	\$ 425.00
6) Contributions from Individuals	(CRO-1210)	\$ 470.00) \$ 4,677,06
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	S	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	S	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	S	\$
11c) Outside Sources of Income	(CRO-1250)	S	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) TOTAL RECEIPTS		\$ 470 A	0 \$ 5 102.06
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		<u>3 770,00</u>	J = J 100.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$7,41.35	<u>s</u> <u>s</u> ,711.00
14b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 270,00	\$ 270.00
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, ¹ 15, 16, and 17)	-	1 011.35	s
19) Cash on Hand at End		s 54125	s 298100
(Add lines 4 and 13 together, then subtract line 18)	. <u></u>	<u>57133</u>	<u>, </u>
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)	\$	空空一天中都是他的感觉
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	S
27) 48-Hour Notice Reports Sum		\$	\$
CRO-1100 NC State Bo	rd of Elections		March 2003

Co	ontributions	from Individu	als	P	g of _		Amendment
<u>1. C</u>	ommittee Full Name	(and Fund if applicable)				2. [D Number
W	alter Mars	hall Campai	an				
3. C	Contributor Infor	mation			emove	-	
	ill Name, Mailing Ad clude city, state, & z	1		b. Job Title/Prof	ession	-	Comments
	llen Joines	· ·		Mayor		4	
-	D. Box 278	1		c. Employer's Na	me/Specific Field	-	
W	inston-Sal	em, N.C. 27101				1	lection Cycle Sum to Date
		·		<u> </u>			200.00
<u>f. Pri</u>	or g. Account Code	b. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y)	(77)	k. Amount
	809	Check			11/1/06		\$200,00
		1					\$
							\$
3. Co	ntributor Inform	ation		Add Ren	nove		
	Name, Mailing Add			b. Job Title/Profe	ssion	d. C	paments
	ude city, state, & zip		·	Commissi	0.005		
	ilter Marsha			c. Employer's Nan]	
30	.41 Kitterli	ng Lane				- Ft	ention Circle Sizm to Date
W	instan-Sale	m, N.C. 27105				<u>c. c.</u>	ection Cycle Sum to Date
	-1	1			j. Date (mm/dd/yy		k Amount
C. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip				
	809	Check '	Food for Pa	Worker	11/7/06		\$270.00
			Gasfor Va	ns	·		\$
		:	Ponchosanc	Raincoats		- {	\$
3. Con	tributor Inform	ation		Add Ren	love		
	lame, Mailing Addre	ess & Phone		b. Job Title/Profess	sion	d. Co	mments
(iaclu	de city, state, & zip)	· · · · · · · · · · · · · · · · · · ·					
				c. Employer's Nam	e/Specific Field		
						c. Ele	ction Cycle Sum to Date
						\$	
î. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ios	. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
							1170.00
4. Tota	al only this Pa	ge				<u>\$</u>	470.00
5. Tota	l of ALL CR	ge O-1210 Pages of Detailed Summary Pag	CPO 1100	··		<u>s</u>	4 10.00

1. Committee Full	Name (and	Fund if applic	able)			2.	ID Number
1 4 1 4	- Mors	1 11	Campaign				474945
3. Payee Inform			1	Add I	Remove		
a. Full Name, Mai		& Phone		d. Type of Con	mittee	g. (Comments
(include city, sta			:	Candidate	PAC		
Walter N	land	1		Referendu			
				e. Level Registe	County:	<u></u>	Original Receipt Date
3241 K	, Herlin	yn.		State	Municipality	-	
3241 K W-S M	06.27	Ťios					Driginal Receipt Amt
				1		s	
			r's Name/Specific Field	f. Purpose			lection Cycle Sum to
b. Job Title/Profess	uon	c. Employe	r's Name/Specific Field			- <u>†</u>	-
Commissio	3470	1	•			\$	270,0
k. Account Code		of Payment	m. In-Kind Des	cription	n. Date (mm/dd/y	ууу)	o. Amount
809	11	0 0-11	Food, Ga	JI & FAIN COA	5 11-7-06		\$ 270.0
		neck					
3. Payee Inform			L_	Add R	emove]_ (Comments
a. Full Name, Mailin (include city state	-	rnope		Candidate	PAC		· • ••• • • • • • • • • • • • • • • • •
(include city, state	с, ос <i>д</i> р)		1	Referendum	8		
				e. Level Register		h. O	riginal Disbursemen
			ļ	Federal	County:		
				State	Municipality:	-	
				State	Municipality:	i. 01	riginal Disbursement
				State	Municipality:	i. O1 \$	riginal Disbursement
. Job Title/Professio	02	c. Employer	's Name/Specific Field	State	Municipality:	\$	· · · · · · · · · · · · · · · · · · ·
. Job Title/Professio	0a	c. Employer	's Name/Specific Field		Municipality:	\$	· · · · · · · · · · · · · · · · · · ·
				f. Purpose		\$ j. El \$	· · · · · · · · · · · · · · · · · · ·
. Job Title/Profession		c. Employer Payment	's Name/Specific Field m. In-Kind Desc	f. Purpose	Municipality:	\$ j. El \$	ection Cycle Sum to I o. Amount
				f. Purpose		\$ j. El \$	ection Cycle Sum to I
	l. Form o			f. Purpose ription	n. Date (mm/dd/yy move	5 j. El S 777)	ection Cycle Sum to i o. Amount S
. Account Code . Payee Informa . Full Name, Mailing	L. Form o tion g Address &	f Payment		f. Purpose ription Add Re d. Type of Comm	n. Date (mm/dd/yy move ittee	5 j. El S 777)	ection Cycle Sum to I o. Amount
. Account Code . Payee Informa	L. Form o tion g Address &	f Payment		f. Purpose ription Add Re d. Type of Comm Candidate	n. Date (mm/dd/yy move ittee PAC	5 j. El S 777)	ection Cycle Sum to I o. Amount S
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. Account Code . Payee Informa . Full Name, Mailing	L. Form o tion g Address &	f Payment		f. Purpose ription Add Re d. Type of Comm Candidate	n. Date (mm/dd/yy move ittee PAC Party	\$ j. El \$ 777) 8. Ci	o. Amount S
. Account Code . Payee Informa . Full Name, Mailing	L. Form o tion g Address &	f Payment		f. Parpose f. Parpose ription Add Re d. Type of Comm Candidate Referendum e. Level Register	n. Date (mm/dd/yy move ittee PAC Party ed (Specify)	\$ j. El \$ 777) z. Ci h. O	ection Cycle Sum to 1 o. Amount S omments riginal Disbursement
. Account Code . Payee Informa . Full Name, Mailing	L. Form o tion g Address &	f Payment		f. Purpose f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registered Federal	n. Date (mm/dd/yy move ittee PAC Party ed (Specify) County:	\$ j. El \$ 777) z. Ci h. O	ection Cycle Sum to 1 o. Amount \$ omments riginal Disbursement
. Account Code . Payee Informa . Full Name, Mailing	L. Form o tion g Address &	f Payment		f. Purpose f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registered Federal	n. Date (mm/dd/yy move ittee PAC Party ed (Specify) County:	\$ j. El \$ 777) z. Ci h. O	ection Cycle Sum to 1 o. Amount \$ omments riginal Disbursement
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. Account Code . Payee Informa . Full Name, Mailing	i. Form o tion g Address & & zip)	f Payment Phone		f. Purpose f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registered Federal	n. Date (mm/dd/yy move ittee PAC Party ed (Specify) County:	5 j. El S yy) h. Or L. Or S j. Eld	ection Cycle Sum to 1 o. Amount S omments riginal Disbursement
. Account Code . Payee Informa . Full Name, Mailing (include city, state,	i. Form o tion g Address & & zip)	f Payment Phone	m. In-Kind Desc	f. Parpose f. Parpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registered Federal State	n. Date (mm/dd/yy move ittee PAC Party ed (Specify) County:	5 j. El S 777) E. Cr L. Or S	ection Cycle Sum to 1 o. Amount S omments riginal Disbursement
. Account Code . Payee Informa . Full Name, Mailing (include city, state,	i. Form o tion g Address & & zip)	f Payment Phone c. Employer's	m. In-Kind Desc	f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registeru Federal State f. Purpose	n. Date (mm/dd/yy move ittee PAC Party ed (Specify) County:	\$ j. El \$ yy) b. Ot j. Eld \$	ection Cycle Sum to 1 o. Amount S omments riginal Disbursement
Account Code Payee Informa Full Name, Mailing (include city, state, Job Title/Profession	I. Form o tion g Address & & zip)	f Payment Phone c. Employer's	m. In-Kind Desc	f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registeru Federal State f. Purpose	n. Date (mm/dd/yy move ittee PAC Party d (Specify) County: Municipality:	\$ j. El \$ yy) b. Ot j. Eld \$	ection Cycle Sum to 1 o. Amount S omments riginal Disbursement iginal Disbursement
Account Code Payee Informa Full Name, Mailing (include city, state, Job Title/Profession Account Code	I. Form of	f Payment Phone c. Employer's	m. In-Kind Desc	f. Purpose ription Add Re d. Type of Comm Candidate Referendum e. Level Registeru Federal State f. Purpose	n. Date (mm/dd/yy move ittee PAC Party d (Specify) County: Municipality:	\$ j. El \$ yy) h. O i. Or \$ j. Eld \$ yy)	ection Cycle Sum to 1 o. Amount \$ omments riginal Disbursement iginal Disbursement ection Cycle Sum to E o. Amount \$
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Disburse	ments		P	e of _	_	
L. Committee Fu	ell Name (and Fund If applica	bic)	· · · · · · · · · · · · · · · · · · ·	······································	2.1	D Number
	Marshall Co	mpaian				
3. Type of Di		separate CRO-1310 form			ated P	arty Expenditures
Operating E		outions to Canada (ESPOII)		move		
4. Payee Info	ailing Address & Phone	K		Committee Name	d. (Comments
(include city, s		·		-	1	
Paisley	Alumni Associo	ation	c. Level Register	ed (Specify)	-	
	irmmond St		Federal	County:	1	
-		NIAC	State	Municipality:	c, E	lection Cycle Sum to Date
Winston	-Salem, N.C. 2	105			\$	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy	уу)	j. Amount
809	Check	Add ·		11/1/06		\$ 125.00
						\$
4. Payee Inform	nation		Add Re	move	terne.	•
	ling Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated C	ommittee Name	d.C	omments
(include city, sta	ite, & zip)	· 				
Miller t	he Printer	1	c. Level Registere	d (Specify)	1	
616 N.Tr	nde St		Federal.	County:	1	
Wincton	Salem, N.C.27	101	State	Municipality:	e. El	ection Cycle Sum to Date
VAURION			· ·	-	.\$	
. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy)	<u>m)</u>	j. Amount
809	Check	Re-Election	Card	11/1/06		^{\$} 133.75
		-		·		\$
. Payce Inform	ation			nove		
. Full Name, Mail	ing Address & Phone		b. Coordinated Co	mmittee Name	<u>a. C</u>	
(include city, stat		! 	•			
WSJSRa			c. Level Registere	i (Specify)	1	
854 W.5	thSt.		Federal	County:		ection Cycle Sum to Date
Winston-	Salem, N.C. 271	01	State	Municipality:		ecuon Cycle Sum to Date
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					\$	
Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy)	r <u>y)</u>	j. Amount
809	Check	Radio Ads		11/1/06		\$ 387.60
	•					\$
. Total only	this Page	l			\$	646.35
the second se	LL CRO-1310 Page	s			[
(This line poes in i	line 14a of Detailed Summar	y Page CRO-1100 If Open	rating Expenses)	_	\$	
(This line roes in i	line 14b of Detailed Summar	Page CRO-1100 if Cont	trib to Candidates/I	Political Comm)		•
	line 14c of Detailed Summary	Page CRO-1100 If Coor NC State Boar	rainatea Farty ESPA		!	March 200
RO-1310		110 June 1904		•	-	•

1. Committee Fu	ll Name (and Fund if applic	able)			2. ID Number
idaltar	Marshall Car	morian			
3. Type of Dis		n Dain e separate CRO-1310	forms for each type of i	Disbursement.)	1
Operating E		ributions to Candidates			ted Party Expenditures
4. Payee Info		i		Remove	
	ailing Address & Phone		b. Coordinated	Committee Name	d. Comments
(include city, s					
LI110 M	ae Booker Irpun Place	i I	c. Level Registe		Pailworker
		~	Federal State	County: Municipality:	e. Election Cycle Sum to
Winston	-Salem, N.C.2	1			\$
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy	
	1 - 1				
809	Check	i		117106	\$ 50,00
					\$
4. Payee Infor	mation		Add 🛛 F	Remove	
	illing Address & Phone		b. Coordinated	Committee Name	d. Comments
	•				
(include city, st	tate, & zip)				. •
	tate, & zip)	. <u></u>	c. Level Registe		O 11 - 1
Cleo Kin 1401 E.S	nbrough hth St.	 	Federal	County:	Pollworker
Cleo Kin 1401 E.S	tate, & zip)	7110			e. Election Cycle Sum to
Cleo Kin 1401 E.S	nbrough hth St.	7110	Federal	County: Municipality:	e. Election Cycle Sum to \$
Cleo Kin 1401 E.S	nbrough hth St.	7110 h. Purpose	Federal	County:	e. Election Cycle Sum to S J. Amount
Cleo Kin 1401 E.S Winston	nbrough oth St. Salem, N.C. 2 g. Form of Payment		Federal	County: Municipality:	e. Election Cycle Sum to S J. Amount
Cleo Kin 1401 E.S Winston	nbrough oth St. Salem, N.C. 21		Federal	County: Municipality: i. Date (mm/dd/yy)	e. Election Cycle Sum to \$
Cleo Kin 1401 E.S Winston 7. Account Code 809	nbrough oth St. Salem, N.C. 2 g. Form of Payment Check		Federal State	County: Municipality: i. Date (mm/dd/yy)	e. Election Cycle Sum to \$ yy) J. Amount \$ 50.00
Cleo Kin 1401 E.S Winston 7. Account Code 809 4. Payee Infor	nbrough oth St. Salem, N.C. 2 g. Form of Payment Check		Add R	County: Municipality: i. Date (mm/dd/yy)	e. Election Cycle Sum to \$ yy) J. Amount \$ 50.00
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Cleo Kin 1401 E.S Winston 6. Account Code 809 4. Payee Infor a. Full Name, Ma (Include city, st Lynn G 1519 Ma Winston Winston	rate, & zip) nbrough oth St. - Salem, N.C. 2 g. Form of Payment Check mation Illing Address & Phone rate, & zip) . Smith r ble St n-Salem, N.C. g. Form of Payment	<u>h. Purpose</u>	Add R b. Coordinated c. Level Registe	County: Municipality: i. Date (mm/dd/yy) i. Date (mm/dd) i. Date (mm/	e. Election Cycle Sum to S Ty) j. Amount S 50,00 S d. Comments Pollworker e. Election Cycle Sum to S Ty) j. Amount
Cleo Kin 1401 E.S Winston A Count Code 809 A Payee Infor A Full Name, Ma (Include city, st Lynn G 1519 Ma Winston Kacount Code	rate, & zip) nbrough oth St. -Salem, N.C. 2 g. Form of Payment Check mation Illing Address & Phone ate, & zip) .Smith rble St n-Salem, N.C.	<u>h. Purpose</u>	Add R b. Coordinated c. Level Registe	County: Municipality: i. Date (mm/dd/yy) i. Date (mm/dd/yy) County: Municipality: i. Date (mm/dd/yy)	e. Election Cycle Sum to S Ty) J. Amount S 50,00 S d. Comments Pollworker e. Election Cycle Sum to S
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Disbursen	ients		Pg	10		Amendment
1. Committee Full	Name (and Fund if applicabl	e)			2, ID) Number
Walter	Marshall Came	aidn				
3. Type of Dist		parate CRO-1310 forms	for each type of Di	<u>sbursement.)</u>		
Operating Exp	enses 🔲 Contribu	tions to Candidates/Politi	cal Committees	Coordina	ted Pa	arty Expenditures
4. Payee Inform	nation		Add 🗖 Re	move		
a. Full Name, Mai	ling Address & Phone		b. Coordinated C	ommittee Name	d. C	omments
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5. Total only	this Page			· · · · ·	\$	65.00
6. Total of A	LL CRO-1310 Page	S				
(This line goes in	line 14a of Detailed Summary	Page CRO-1100 if Ope			\$	
	line 14b of Detailed Summary					
(This line goes in	line 14c of Detailed Summary	Page CRO-1100 if Cool NC State Boa		enautures)	-	March 2003

.KU-1310

For Office Use Only
SBOE ID #
Fellow-Up Date
Reviewed By

CAMPAIGN REPORT DISCREPANCIES REPLY REQUIRED

TO:	Treasurer	Harry James, Jr.	
	Committee	Walter Marshall Ca	mpaign
Address		1500 Reynard Driv	ve
		Kernersville, NC	27284
FROM:	Campaign Fi	nance Office	REPORT IN QUESTION: Fourth Quarter Report
DATE:	12/29/2006		

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 <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.

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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).

- 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:

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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.

CRO-1210 - Marshall contribution for three separate items should be sparated with exact amounts; complete Election Cycle Sum to Date. Please amend with the CRO-1000,1100 and 1210, complete the requested Treasurer Certification form and return. 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:

ICR-001

Detailed Summary				nendment Yes 🔲 No	
		enort	1. ID N	. ID Number	
Walter Marshall Campaigh	2. Type of Report		HTY945		
Start of Election Cycle: January 1,		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		s Ø1,088			
RECEIPTS	·				
5) Aggregated Contributions from Individuals	(CRO-1205)	s ()	\$	425.00	
6) Contributions from Individuals	(CRO-1210)	\$ 470.00) \$	4.677.00	
7) Contributions from Political Party Committees	(CRO-1220)		5	4327.0	
8) Contributions from Other Political Committees	(CRO-1230)	s	\$	350.00	
9) Loan Proceeds	(CRO-1410)	S	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	S	S		
11b) Contributions from Not-for-Profit Organizations		S .	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) "Goods and Services" Contributions	(CRO-1260)	\$	s		
13) TOTAL RECEIPTS				K1+2-01	
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		s 470.00	<u></u>	5102.06	
EXPENDITURES					
14) Disbursements /	(CRO-1310)		Δ.		
14a) Operating Expenditures	(CRO-1310)	\$ 741.35.	5	3,711.00	
14b) Contributions to Candidates/Political Committees	s (CRO-1310)	<u>\$ 10/1.35</u>	\$	3981.00	
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
(5) Loan Repayments	(CRO-1420)	\$	\$		
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 270.00	5	270.00	
7) In-Kind Contributions	(CRO-1510)	\$	\$	287.06	
8) TOTAL EXPENDITURES	128/35	: 1 ALL 24	\$	4825.12	
(Add lines 14a, 14b, 14c, ¹ 15, 16, and 17) 9) Cash on Hand at End				70-5,12	
(Add lines 4 and 13 together, then subtract line 18)	276.99	\$ 57735,] \$	3781.00	
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	s			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
3) Debts and Obligations owed To the Committee	(CRO-1620)	s			
4) Account Transfers Within the Committee	(CRO-1720)	6			
5) Administrative Support	(CRO-1710)	<u> </u>	\$		
5) Forgiven Loans	(CRO-1440) \$	3	\$	<u> </u>	
7) 48-Hour Notice Reports Sum	s	······································	s		

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