

# 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, 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.

<b>1. Committee Information</b>				
a. Full Name			c. ID Number	
McDONOUGH for County Commissioner			3EY5P1	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
3965 ROSEBRIAR LN WINSTON-SALEM, NC 27106			7/10/2006	
			e. Phone Number	
			336.922.6467	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2006	4/15/2006	6/30/2006	RONALD JAMES BENEDICT JR	
6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special <b>9. Special Report Name</b>		
<b>10. Account Information</b>				
a. Financial Institution Full Name		a. Financial Institution Full Name		
WACHOVIA BANK, N.A.				
b. Purpose	c. Code	b. Purpose	c. Code	
GENERAL OPERATING EXPENSES	2			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2749.20		\$	

## 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.

Printed Name of Signer: RONALD JAMES BENEDICT JR  
 Signature of Appointed Treasurer: [Signature]  
 Date: 7/10/2006

## FOR OFFICE USE ONLY

Date Received: 7-10-2006 Employee: Judy Spears Delivery Method:  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
 Date Postmarked: 7/10/2006 Employee: \_\_\_\_\_  
 Date Spooled: 2006 JUL 10 10:06 AM Employee: \_\_\_\_\_

CRO-1000

NC State Board of Elections

March 2003

FORSTH COUNTY  
BOARD OF ELECTIONS

# Detailed Summary

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
McDermott for County Commissioner		2nd Quarter		3EY571	
Start of Election Cycle: January 1, 2006		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,749.20		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 150.00		\$ 1,715.00	
6) Contributions from Individuals (CRO-1210)		\$ 150.00		\$ 1,550.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 300.00		\$ 3,265.00	
<b>EXPENDITURES</b>					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 1,038.00		\$ 1,258.80	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 150.00		\$ 150.00	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 1,188.00		\$ 1,403.80	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1,861.20		\$ 1,861.20	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

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☐ **Yes**

**No**

**CRO-1205**

# Contributions from Individuals

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Amendment  
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
McDonough for County Commissioner					3EVSPI	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  MICHAEL TIERNEY 5750 SHAMROCK GLEN LN. LEWISVILLE, NC 27023				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				RETIRED		
				e. Election Cycle Sum to Date		
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	CHECK		5/30/2006	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 150.00	

# Disbursements

Pg 1 of 1

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
McDONOUGH for County Commissioner				3EY5P1	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
William A. McDonough 8052 GLENWATFORD RD CLEMMONS, NC 27012					
			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
					\$ 1,038.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
2	CHECK	REIMBURSE for STICKERS	06/29/2006	\$ 1,038.00	
				\$	
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	
				\$	
				\$	
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				\$ 1,038.00	
6. Total of ALL CRO-1310 Pages				\$ 1,038.00	
<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>					

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
McDonough for County Commissioner				3EY5PI	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL TIERNEY 5750 SHAROCK GLEN LN LEWISVILLE, NC 27023			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		03/06/2006
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amt
					\$ 150.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
RETIRED				CASH ON HAND	
				\$ 150.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
2	CHECK			05/23/2006 03/06/2006	\$ 150.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 150.00