

Disclosure Report Cover

Use this form for general report and committee information must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment

☐ Yes

☒ No

COPY

1. Committee Information			
a. Full Name Nancy Young for County Commissioner		c. ID Number 3CQXF2	
b. Mailing Address (include City, State and Zip Code) 608 Braewyck Lane Winston-Salem, NC 27104		d. Date Filed 4/23/08	
		e. Phone Number 336-760-6936	
2. Report Year 2008	3. Period Start Date (mm/dd/yy) 2/26/08	4. Period End Date (mm/dd/yy) 4/19/08	5. Treasurer Full Name Marian K. O'Neal
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <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 State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <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 Referendum <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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report 0			
II. Account Information		II. Account Information	
a. Financial Institution Full Name Wachovia Bank		a. Financial Institution Full Name	
b. Purpose For all campaign expenses	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,100		d. Period Begin Balance \$
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). Marian K. O'Neal Printed Name of Signer Marian K. O'Neal Signature of Appointed Treasurer 4/23/08 Date			
FOR OFFICE USE ONLY			
Date Received: 4-24-08	Employee: Judy Spens	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked:	Employee:		
Date Scanned:	Employee:		
Date Data Entered:	Employee:		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Nancy Young for County Commissioner		First Quarterly		3CQXF2	
Start of Election Cycle:		January 1,		2008	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,100		\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 4		\$ 2,311	
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)		\$ 25.78		\$ 25.78	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 29.78		\$ 2,336.78	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 63.15		\$ 63.15	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 4		\$ 211	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 67.15		\$ 274.15	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,062.63		\$ 2,062.63	
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 (CRO-2200)		\$		\$	

Contributions from Individuals

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Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Nancy Young for County Commissioner					3CQXF2	
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	
Larry Roth PO Box 398 Germanton, NC 27019			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		2/15/08	\$ 100	
<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	
Nancy Young 2061 Polo Road Winston-Salem, NC 27106			Consultant			
			c. Employer's Name/Specific Field			
			N Young Communications 2061 Polo Road Winston-Salem, NC 27106			
					e. Election Sum to Date	
					\$ 2,211	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		2/25/08	\$ 2,000	
<input checked="" type="checkbox"/>			Filing fee	2/14/08	\$ 207	
<input type="checkbox"/>			Parking	3/11/08	\$ 4	
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	
			c. Employer's Name/Specific Field			
					e. Election 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					\$ 2,311	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210)					\$ 2,311	

Refunds/Reimbursements To the Committee

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Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Email if applicable)				2. ID Number	
Nancy Young for County Commissioner				3CQXF2	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Board of Elections 201 N. Chestnut St. Winston-Salem, NC 27101			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Expenditure Date 2/14/08
					i. Original Expenditure Amt \$ 207
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Refund of overp	
				j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
1	Check		04/07/2008		\$ 25.78
3. Contributor 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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor 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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					
					\$ 25.78
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					
					\$ 25.78

Disbursements

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Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Nancy Young for County Commissioner					2. ID Number 3CQFX2	
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) Board of Elections 201 North Chestnut Street Winston-Salem, NC 27101			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 12	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 3/11/2008	j. Amount \$12	k. Required Remarks District maps	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 7774 North Point Boulevard Winston-Salem, NC 27104			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 26.66	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Debit card	h. Purpose Code K	i. Date (mm/dd/yyyy) 4/11/2008	j. Amount \$26.66	k. Required Remarks Stationary, labels, env.	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wachovia Bank & Trust 3375 Robinhood Road Winston-Salem, NC 27106			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 24.49	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Draft	h. Purpose Code B	i. Date (mm/dd/yyyy) 3/5/2008	j. Amount \$24.49	k. Required Remarks Check printing	
				\$		
5. Total only this Page					\$ 63.15	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 63.15	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other

In-Kind Contributions

Amendment
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Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Nancy Young for County Commissioner		3CQXF2	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Nancy Young 2061 Polo Road Winston-Salem, NC 27106		<input type="checkbox"/> Individual	
		<input checked="" type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$ 2,211
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Payment of filing fee		2/14/08	\$ 207
Payment of parking fee		3/11/08	\$ 4
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			
			\$ 211
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			
			\$ 211