Disclosure Report Cover

Yes 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

1. Committee Infor	rmatio	n				2.20			
a. Full Name								c	. ID Number
Nancy Young for C	County	Commissioner							3CQXF2
b. Mailing Address (inc	lude Cit	ty, State and Zip Code)						d	l. Date Filed
608 Braewyck Lane Winston-Salem, NC)4							10/2/08
								e.	. Phone Number
									336-760-6936
2. Report Year	3. Pe	riod Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer F	ull Na	me
2008		7/01/08		10	/18/08		Marian K. O'N	eal	
	6. Type of Committee (Check One)				t (a	heck o	nly one type of rep	ort from	m one category)
Campaign Party				ipal		State/	County	R	teferendum
Joint Fundraiser Referendum 7. Type of Fund "Booster Fund" Building Fund Presidential Elect NC Public Campa Other: 8. Number of Fundu		Organizationa Thirty-five da Pre-primary Pre-election Pre-runoff Semi-annual Mid Yea Year End Final Special	y r		Organizational Quarterly First Second Third Fourth Semi-annual Mid Year Year End Final		Organizational Pre-referendum Final Supplemental Final Annual Special 0. Special Report Name		
		and report		Speena			Special		
11. Account Inform	0 ation				11 40		Information	100000425	C
a. Financial Institution F		ie					titution Full Name		
Wachovia Bank									
b. Purpose		c. Account Code			b. Purpose				c. Account Code
For all campaign		1							
expenses		d. Period Begin Balance							d. Period Begin Balance
		\$ 5,422.65						:	\$
CERTIFICATION			4.2.2						
I certify that the Com NC General Statutes a complete, true and con Marian K. O	and tha rrect an 'Neal	it no funds are commi	ngled v	vith prohibite the NC Stat	ed or oth te Board AUA	l of Ele	-disclosed funds. I	furthe	2D-22M of Chapter 163 if the r certify that this report is G.S. 163-278.7(f). 10 20 08
FOR OFFICE USE		C .		51	Enature 01	Appoin	icu freasurer /		Date
Date Received:	ONLI	10-22-08		Employee:		Tude	y Speas		very Method Normal Mail
Date Postmarked:	:			Employee:			-		Registered Mail Hand Delivered
Date Scanned:			1	Employee:					Electronically Filed Signer has not received
Date Data Entered	d:]	Employee:					mandatory training
Please Note This	form	cannot be used to am							

cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

 \times

No

Amendment

Detailed Summary

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

Amer	dment	
	Yes	\boxtimes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	t	3. ID Number
Nancy Young for County Commissioner	Third Quarterly		3CQXF2
Start of Election Cycle: January 1,	2008	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 5,422.65	\$ 0
RECEIPTS		Same The second second	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 6,616.50	\$ 12,712.50
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,000.00	\$ 1,093.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$ 25.78
11) Other Receipt Sources			Inter a second sec
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$ 15.00	\$ 15.00
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	and 11d)	\$ 7,631.50	\$ 13,846.28
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,194.82	\$ 4,775.95
13b) Contributions to Candidates/Political Committ	ees (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)	\$ 866.50	\$ 1,077.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 5,061.32	\$ 5,853.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract the subtract th	act line 18)	\$ 7,992.83	\$ 7,992.83
ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees	(CR0 1220)	¢	
 Outstanding Loans (incl. ones from other campaigns 	(CRO-1330)	\$	
22) Debts and Obligations owed By the Committee		\$	
23) Debts and Obligations owed By the Committee23) Debts and Obligations owed To the Committee		\$\$	
24) Account Transfers Within the Committee		\$	A CONTRACTOR OF THE OWNER OF THE
25) Administrative Support		\$	\$
26) Forgiven Loans		\$	\$
27) 48-Hour Notice Reports Sum		\$	\$
27) Contributions to be refunded		\$	\$
	(27 7 4 M	1*

Aggregated Contributions from Individuals

Page

Amendment 1

<u>1</u>

of

 \boxtimes No

Yes

Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable)

1. Co Nan	mmittee Full r	Name (and Fun County Commiss	nd if applicable)			2. ID	Number
			ioner				3CQXF2
	ontributor Info	ormation b. Account				and the	
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	¥)	f. Amount
	Add	1	Check		10/07/20		\$ 15
	Remove Add					00	Φισ
	Add Remove						\$
-	Add						Ŷ
+	Add Remove	_					\$
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╡	Remove						\$
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<u> </u>	Remove					!	\$
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1	Remove	1 ,	í				\$
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ĵ	Remove	1	1				\$
<u>j</u>	Add	1	í l				
<u> </u>	Remove	1					\$
Tot	tal only this F	Page				\$	15.00
		CRO-1205 Pa	IJOES				
			nmary Page CRO-1100)			\$	15.00

.

1			
	-		8

Amendment Yes 🖂

No

Contributions from Individuals		1			
Use this form to report individual contributions over \$50 or contribution	ns under	\$50 if form	CRO	1205 is no	t used

1. Com	mittee Full Name	able)	ble)					2. ID Number		
Nancy	Young for County	Commissioner						3CQXF2		
3. Con	tributor Informat	tion	\boxtimes	Add		Rem	ove			
	ame, Mailing Addres	s & Phone		b. Job Ti		Contraction Provide Land		d. Comme	ents	
(inclue Jean Irv	le city, state, & zip)			Execut	ive D	irector				
	em Vista Court			a Emplo		I	·	-		
	n-Salem, NC 2710	01		c. Emplo Forsyth			cific Field	-		
	,,			l l'orsyd	i i utu	ues		e. Election	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrij	ption		j. Date (mm/dd/yy	yyy)	k. Amount	
	1	Check					7/02/20		\$	100
									\$	
									\$	
3. Cont	ributor Informati	ion		Add		Remo	ve			A Second Second
	me, Mailing Address	& Phone		b. Job Tit	le/Prof	fession		d. Comme	nts	
	e city, state, & zip)		1.1.1	Executi	ve Co	ach				
Ruth Sm 400 Dray	utn yton Park Dr			E I		10		-		
	ville, NC 27289			c. Employ High De	_	Contraction of the second s		-		
Kennersvine, NC 27289				Coach			ormance	e Election	Sum to Date	
					m ₅ , 1					
<u></u>			1					\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					7/05/20	08	\$	250
									\$	
									\$	
	ibutor Informatio	the second s	\square	Add [Remo	ve			
	ne, Mailing Address o city, state, & zip)	& Phone		b. Job Titl	e/Profe	ession		d. Commen	ts	
Kevin M			19	Owner						
	esbury Rd			c. Employe	r's Na	me/Sneci	ic Field			
	Salem, NC 27103	3	ł	Done by						
								e. Election S	Sum to Date	
								\$	100	
. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Descript	ion	j	. Date (mm/dd/yyy	y)	k. Amount	
	1	Check					7/10/200)8	\$	100
									\$	
									\$	
	only this Page		19-21				and service and	\$		450
	of ALL CRO-	A PARTY AND A CONTRACT OF AN ADVANCED AND ADDRESS OF A DATA OF A D						\$		6 616 50
(This line	must be on line 6 of L	Detailed Summary Page Cl	RO-1100)					Φ		6,616.50

CRO-1210

2

Amendment Ves 🕅

		om Individuals		F 50 or contributions ur	² g <u>2</u> o nder \$50 if form C	f <u>10</u> RO 1205 is	not used	Yes 🖂 No
1. Con	nmittee Full Nam	e (and Fund if applic	able)			2. ID Nu		
Nancy	Young for County	/ Commissioner					3CQXF	2
	tributor Informa		\boxtimes	Add 🗌 R	emove			
	ame, Mailing Addres de city, state, & zip)	ss & Phone		b. Job Title/Professio	n	d. Comme	ents	
Dusty (Retired				
	lem Vista Court			c. Employer's Name/	Specific Field	-		
Winsto	n-Salem, NC 271	01			- <u>r</u>	-		
						e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	yyy)	k. Amou	nt
	1	Check			7/24/2		\$	100
							-	100
			_				\$	
							\$	
	ributor Informat			Add 🗌 Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
(include Anne W	e city, state, & zip)			Homemaker				
	4 Marshall View Ct			a Employee's No. (6	16 Di 11	-		
	-Salem, NC 2710	1		c. Employer's Name/S	pecific Field	-		
						e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	(vv)	k. Amoun	t
	1	Check			7/05/20		\$	100
							\$	
							\$	
	ibutor Information			Add 🗌 Ren	move	2		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
Janie Wil	city, state, & zip)			F				
1069 E. K				Executive c. Employer's Name/Sp	ecific Field			
Winston-	Salem, NC 27106	5		Excalibur Enterpris				
						e. Election S	um to Date	
						\$	500	
Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			9/9/200)8	\$	500
							\$	
							\$	
. Total	only this Page					\$		700
. Total	of ALL CRO-	1210 Pages						
		Detailed Summary Page Cl	80-1100)			\$		6,616.50

Amendment

		om Individuals		50 or contributions u	Pg under S	<u>3</u> o \$50 if form Cl			Yes 🔀] No
		e (and Fund if applic					2. ID N			
Nancy	Young for County	y Commissioner						3CQX	F2	
and the second se	tributor Informa		\boxtimes	Add 🗌 H	Remov	ve				
	ame, Mailing Addres	ss & Phone		b. Job Title/Professi	ion		d. Comm	ents		
Patti A	de city, state, & zip)			_						
 Art State (Carto) (Carto) (Art) 	Company			Owner c. Employer's Name	e/Specif	To Field	-			
	ynolda Village			Present Compan		ic field	-			
	n-Salem, NC 271	06		Tresent Company	IJ		e. Election	Sum to Dat	te	
							\$	866.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		. Date (mm/dd/y	1	k. Amo		
				naging print	J.				2010.2	
			1414			9/9/20	08	\$	8	66.50
								\$		
								\$		
and the second states of the second	ributor Informat			Add 🗌 R						
	ame, Mailing Address	s & Phone		b. Job Title/Profession d. Comments				nts		
J. Kirk (e city, state, & zip)									
	710 Bartram Rd			Retired c. Employer's Name/	/Sacaif	- T2-14	4			
	Winston-Salem, NC 27106			c. Employer's Name/	specm	c Field	-			
							e. Election	Sum to Date	e	
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j.	Date (mm/dd/yy	/yy)	k. Amou	int	
	1	Check				9/10/0)8	\$	50	00.00
								\$		
					-			\$		
	ibutor Informati		\boxtimes	Add 🗌 Re	emove	;				and the second
	ne, Mailing Address	& Phone	2.783.08	b. Job Title/Profession	n		d. Commer	its		
J. D. Wil	city, state, & zip)		13776				_			
1069 E. K				President		P' 11				
	Salem, NC 2710	6		c. Employer's Name/S Excalibur Enterpr		Field				
	,			Execution Enterpr	1505		e. Election	Sum to Date		
							\$	500		
. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	11	Date (mm/dd/yy		k. Amou		
	1	Check			,	9/9/200		\$		500
								\$		500
								\$		
. Total	only this Page	e	- Server				\$		1,860	6.50
17 Alexandra Constanting	of ALL CRO									
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)				\$		6,61	6.50

4

4

Amendment Yes 🕅

		om Individuals			Pg		of <u>10</u>	Ye Ye	s 🛛 No	
		dividual contributions		0 or contributions u	under	\$50 if form C				
I. Com	mittee Full Name	e (and Fund if applic	able)				2. ID Nu	mber		
Nancy Y	Young for County	Commissioner						3CQXF2		
and the second	ributor Informat		\square	Add 🗌	Remo	ove				
	ame, Mailing Address	s & Phone		b. Job Title/Profess	sion		d. Commer	nts		
	le city, state, & zip)									
Mike Bi	at 4 th Street, #409			Executive Direct		C. F. Id				
	n-Salem, NC 2710)1		The Children's (-		_			
W mistor				The children's v	cente	1	e Election	Sum to Date		
							\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/	уууу)	k. Amount		
	1	Check				9/10/2	2008	\$	250.00	
								\$		
								\$		
3. Contr	ributor Informati	ion		Add 🗌 I	Remo	ve				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	CARGO AND		d. Commen	its		
(include city, state, & zip)										
David Ir				Retired						
2004 Reynolda Road				c. Employer's Name	e/Spec	fic Field	_			
Winston-Salem, NC 27106										
							e. Election	Sum to Date		
		1					\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/y	уууу)	k. Amount		
	1	Check				9/13/	/08	\$	250.00	
								\$		
								\$		
3. Contr	ibutor Information	on	\boxtimes	Add Remove						
	ne, Mailing Address	& Phone		b. Job Title/Profession	on		d. Commen	ts		
	city, state, & zip)		1.12						-	
Roberta I	nolda Road			Retired	10		-			
	Salem, NC 27106	5		c. Employer's Name/	/Speci	he Field	-			
ii niston	Sulein, 110 27100	,					e. Election S	Sum to Date		
f. Prior	g. Account Code	h Form of Damaged		· 10 · ·			\$	250.00		
		h. Form of Payment	1. 111-K	ind Description		. Date (mm/dd/y		k. Amount		
	1	Check				9/13/2	008	\$	250.00	
					_			\$		
4. Total	only this Page	.]				\$	\$	750.00	
					Conce -		Φ		750.00	
	of ALL CRO						\$		6,616.50	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)						81	

Pg 5 Amendment Yes \bowtie

No

of 10 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	e (and Fund if applic	able)			2. ID Number			
Nancy Y	Young for County	Commissioner					3CQXF2		
3. Cont	ributor Informat	ion	\boxtimes	Add 🗌 Re	move				
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts		
(includ	e city, state, & zip)								
Karen B	artoletti			Executive Director	12				
214 Ced	lar Trail			c. Employer's Name/S	pecific Field	1			
Winston	-Salem, NC 2710)4		Sara Lee Center fo	r	1			
				Women's Health		e. Election	Sum to Date		
						\$	50.00		
	_					φ	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount		
	1	Check			9/16/20	008	\$	50.00	
							\$		
							\$		
3. Contr	ibutor Informati	on		Add 🗌 Rei	nove				
a. Full Nat	me, Mailing Address	& Phone	100 00 000 00 00 00	b. Job Title/Profession		d. Comments			
(include	city, state, & zip)								
Shannon	McKeen			Executive					
214 Ceda	ar Trail			c. Employer's Name/Sp	ecific Field	1			
Winston-	Salem, NC 2710	4		International Legw	the second se				
					I	e. Election S	Sum to Date		
						-			
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	and Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			9/16/0	8	\$	50.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on	\boxtimes	Add 🗌 Ren	nove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts		
(include	city, state, & zip)								
Susan B.	Wall			Community Volunt	eer				
24 Grayly	n Place			c. Employer's Name/Sp	ecific Field				
Winston-S	Salem, NC 27106	5							
						e. Election S	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			9/20/20	08	\$	50	
							\$		
							\$		
4. Total	only this Page	8				\$		150.00	
	of ALL CRO					\$		6,616.50	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)						

Pg 6 of 10

Amendment

No

	- 8				
Use this form to report individual contributions over \$50 or contribution	ons under	\$50 if form	CRO	1205 is no	t used

1. Com	mittee Full Name	e (and Fund if applic	able)	1244-52-5				2. ID Nu	mber	
Nancy `	Young for County	Commissioner							3CQXF2	
3. Cont	ributor Informat	tion		Add		Remove		Sale and	and the same	
a. Full Na	ame, Mailing Addres	s & Phone		b. Job Titl	e/Profe	ssion		d. Commen	its	
	le city, state, & zip)									
2 SIGK220112 SM(12) SIGMALL V	achman			Contract						
PROPERTY 511115	irklees Rd					me/Specific Fi	eld	4		
Winstor	n-Salem, NC 2710	04		Altadoni	CS					
								e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. Dat	e (mm/dd/y	vyy)	k. Amount	
	1	Check					9/24/20	800	\$	100.00
									\$	
									\$	
3. Contr	ributor Informat	ion		Add [Remove				
	me, Mailing Address	& Phone	1.1	b. Job Title	Profes	ssion		d. Commen	ts	
	e city, state, & zip)									
Tom La				Senior Fe				-		
20022000	kshire Road					ne/Specific Fie				
winston	-Salem, NC 2710	14		Z. Smith	Reyn	olds Founda	tion	El el el		
								e. Election S	sum to Date	
								\$	100.00	· · · ·
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descripti	on	j. Date	e (mm/dd/yy	yy)	k. Amount	
	1	Check					9/24/0	8	\$	100.00
									\$	
									\$	
3. Contri	ibutor Information	on		Add []	Remove				
	ne, Mailing Address	& Phone		b. Job Title	Profes	sion		d. Comment	s	
	city, state, & zip)									
Avon L.	Kuffin tfield Drive			Retired		10 10 10				
	e, NC 27023			c. Employer	's Nam	e/Specific Fie	ld			
Lewisvin	0,110 27025							e. Election S	um to Date	
			-					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descriptio	on	j. Date	(mm/dd/yy	yy)	k. Amount	
	1	Check					9/29/20	08	\$	100.00
									\$	
									\$	
	only this Page					1.58		\$		300.00
	of ALL CRO	and the second of the second of the second second						\$		6,616.50
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)							

Amendment Yes 🛛

No

Contributions from Individuals $Pg = \frac{7}{0}$ of 10 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if applic	able)				2. ID Nu	mber	1241
Nancy	Young for County	Commissioner						3CQXF	2
3. Cont	tributor Informa	tion	\boxtimes	Add		Remove			
a. Full N	ame, Mailing Addres	s & Phone		b. Job Titl	e/Prof		d. Comme	nts	
the second se	le city, state, & zip)								
Linda (-		NC St S					
	amerille Farm Roa					me/Specific Field			
w instol	n-Salem, NC 271	06		NC State	e Sena	ite			
							e. Election	Sum to Date	
		1					\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-)	Kind Descript	ion	j. Date (mm/dd	/уууу)	k. Amour	ıt
	1	Check				9/30	/2008	\$	250.00
								\$	
								\$	
	ributor Informat			Add [Remove			
	me, Mailing Address	& Phone		b. Job Title	Profe	ssion	d. Commer	ıts	
	e city, state, & zip)								
	Lautemann			Retired					
117 March 117	vers Road -Salem, NC 2710	14		c. Employe	r's Nai	ne/Specific Field			
w mston	-Salein, NC 2710	14					- Flort	0	
							e. Election	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descripti	on	j. Date (mm/dd.	/уууу)	k. Amoun	t
	1	Check				10/04	/2008	\$	250.00
								\$	
								\$	
	ibutor Informati		\boxtimes	Add []	Remove			
	ne, Mailing Address	& Phone		b. Job Title/	Profes	sion	d. Commen	ts	
	city, state, & zip)								
Joe F. Ne	tram Place			Retired					
	Salem, NC 2710	6		c. Employer	's Nan	e/Specific Field	_		
Winston-	Salein, NC 27100	0					e. Election S	Sum to Date	
							\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descriptio	n	j. Date (mm/dd/	уууу)	k. Amount	1
	1	Check				10/7/2	2008	\$	1,000.00
								\$	
								\$	
4. Total	only this Page	e					\$.1	1,500.00
	of ALL CRO	-1210 Pages Detailed Summary Page Cl	PO 1100		3		\$		6,616.50
(This time	must be on the o of 1	chance Summary rage Cl	10-1100)		Con-Mar	and the second second second			

Pg 8 Amendment Yes 🖂

No

of 10 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applica	able)			$g_{ij}^{(n)} = \frac{1}{m_{ij}} e_{ij}^{(n)}$		2. ID Nun	ıber	
Nancy Y	oung for County	Commissioner							3CQXF2	
3. Cont	ributor Informati	on		Add		Rem	ove			
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Prof	fession		d. Comment	S	
(include	e city, state, & zip)									
Martha `	Y. Martinat			Comm	nunity V	Volunte	er			
120 She	rwood Forest Rd			c. Emple	oyer's Na	ame/Spee	cific Field			
Winston	-Salem, NC 2710	4								
								e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					10/07/20	800	\$	100.00
									\$	
									\$	
and the second second second	ibutor Informati		\boxtimes	Add		Remo	ove			
	me, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Comment	8	
	city, state, & zip)									
	Campbell			Retired						
	ookstown Ave.			c. Emplo	oyer's Na	ame/Spec	ific Field			
Winston-	-Salem, NC 2710							FI (* 0		
								e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					10/07/20	008	\$	100.00
							4		\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Remo	ve			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	itle/Profe	ession		d. Comment	S	
(include	city, state, & zip)									
Nan H. G	riswold			Retirec	1					
	eham Lane			c. Emplo	yer's Na	me/Spec	ific Field			
Winston-	Salem, NC 27106	6						e. Election S	um to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yyy	/y)	k. Amount	
	1	Check					10/7/20	08	\$	200.00
							#.		\$	
									\$	
4. Total	only this Page	•						\$		400.00
	of ALL CRO-							\$		6,616.50
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)	Contraction of the			a la anti-			

Pg 9

Amendment Yes \boxtimes

No

of 10 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	nittee Full Name	(and Fund if applica	ble)					2. ID Num	ber	
	oung for County C								3CQXF2	
3. Contr	ributor Informatio	on	\boxtimes	Add		Remo	ove			
a. Full Na	me, Mailing Address	& Phone		b. Job Tit	le/Profe	ssion		d. Comment	S	
(include	e city, state, & zip)									
Jim Lipp				Retired						
	therow Road			c. Employ	er's Nar	me/Spec	ific Field			
Winston	-Salem, NC 27106	6								
								e. Election S	um to Date	
								\$	50.00	
			1							
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	tion		j. Date (mm/dd/yy		k. Amount	www.googan
	1	Check					10/11/20	008	\$	50.00
									\$	
									\$	
3. Contr	ibutor Informatio	Dn	\boxtimes	Add		Remo	ve			
a. Full Nar	me, Mailing Address &	& Phone		b. Job Titl	le/Profes	ssion		d. Comments	5	
(include	city, state, & zip)		1							
Claire E.	Nanton			Sponsor	r Liaiso	on/Fund	draiser			
3621 Che	errylaurel Ct			c. Employ						
Winston-	Salem, NC 27106	5		N C Bla	ick Rep	pertory	Со			
								e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descript	tion		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					10/15/20	008	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	n	\boxtimes	Add [Remo	ve		and the second	
a. Full Nan	ne, Mailing Address &	& Phone	R. S. S.	b. Job Titl	e/Profes	ssion		d. Comments	3	
	city, state, & zip)									
Nancy W				Owner						
3800 Rya				c. Employe		-	fic Field			
Winston-	Salem, NC 27106			Aladdin Meetin				e. Election St	um to Date	
				wieddin	g i iam	ners		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion	1 is a	j. Date (mm/dd/yyy		k. Amount	
	1	Check	1				10/15/20		\$	100
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			1						\$	
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	of ALL CRO-					1		\$		6,616.50
(This line	must be on line 6 of L	Detailed Summary Page C	RO-1100)	1 All and a second		State Bar	A second second			

Amendment

Contr	ributions from	m Individuals				Pg	10	of	10		Yes	No No
		lividual contributions of		0 or contrib	outions u	under	\$50 if form	n CRC				
1. Com	mittee Full Name	(and Fund if applica	ble)						2. ID Nun	aber		
Nancy Y	Young for County C	Commissioner								3CQXF	2	
STORES AND STREET	ributor Informatio	and several constrained and the factor of the several second	\boxtimes	Add [Remo	ve					
	nme, Mailing Address	& Phone		b. Job Titl	e/Profess	sion			d. Comment	ts	1	
(include Carolyn	e city, state, & zip) Vaughn			Commu	nity Vo	lunter						
	ub Park Rd			c. Employe								
	-Salem, NC 27104	4										
									e. Election S	um to Date	:	
									\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descript	tion		j. Date (mm/	/dd/yyy	vy)	k. Amou	nt	
	1	Check					10/	/17/20	08	\$		50.00
										\$		
			1							\$		
3. Contr	ibutor Informatio	on		Add [Remov	ve					
a. Full Nar	me, Mailing Address &	& Phone		b. Job Title	e/Professi	ion			d. Comment	S		
	e city, state, & zip)			-			and the second	-				
Marilyn l 401 Shef	Piazza ffield Drive			Housewi		e/Sneci	fic Field					
	-Salem, NC 27104	4		C. Employe	1 Sivanie	aspeca	IC FICIU					
								Ī	e. Election S	um to Date	P	
									\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descripti	lion	j	j. Date (mm/	/dd/yyy	' y)	k. Amou	nt	
	1	Check					10/	/17/20	08	\$		100.00
										\$		
										\$		
	ibutor Informatio			Add [and the second second	Remov	7e					
	ne, Mailing Address & city, state, & zip)	2 Phone		b. Job Title	Profession	ion			d. Comment	s		
Alyson Fi				Executive	/e							
2853 Bitt			ł	c. Employe		e/Specif	ic Field					
Winston-	Salem, NC 27104	ł		Hanesbra	ands, Inc	c.						
								ŀ	e. Election S	um to Date		
									\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	Kind Descripti	ion	j	. Date (mm/	dd/yyy	y)	k. Amou	nt	
	1	Check	ļ				10/	/17/20	08	\$		100
										\$		
										\$		
4. Total	only this Page								\$			250.00
5. Total	of ALL CRO-	1210 Pages							¢			6 616 50
(This line	must be on line 6 of L	Detailed Summary Page Cl	RO-1100)						\$			6,616.50

Contributions from Political Party Committees

Pg <u>1</u> of <u>1</u>

Amendment

No No

Use this	form	to report	contributions	from	a political	party
10	•		(15 1.0	-	and a state of the	

	Full Name (and Fund i			2. ID	Number
Nancy Young f	or County Commission	er			3CQXF2
3. Contributor	Information	🛛 Add [Remove	See Se	
	ing Address & Phone			b. Com	ments
(include city, sta					
c/o Ansley Broy	omen of Forsyth County				
800 West End I				c. Elect	ion Sum to Date
Winston-Salem	, NC 27101			\$	500
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y)	h. Amount
1	Check		7/15/0	8	\$ 500
					\$
					\$
3. Contributor	Information	Add [Remove	a da cata	
	ng Address & Phone			b. Com	ments
(include city, stat					
Forsyth County 315 N Spruce St	Democratic Party				
Winston-Salem,			-	c Flecti	ion Sum to Date
ti noton bureni,	110 27101		-		
				\$	593
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		05/29/20	008	\$ 93
1	Check		10/07/20	800	\$ 500
					\$
3. Contributor I	and the second	Add [] Remove		
a. Full Name, Mailin	•			b. Com	nents
(include city, state	e, & zip)				
				c. Election	on Sum to Date
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
					\$
					\$
					\$
4. Total only t	his Page			\$	1,000
	L CRO-1220 Page			\$	1,000
(1 nis une must be o	on line 7 of Detailed Summa	ry Page CKO-1100)			

Disburser	nents		Pg	1 of	3 Yes N
Use this form	to report expenditure	s from the commit	tee for; operating expense		
committees an	d coordinated party e	expenditures		·	-
	Full Name (and Fu			and a second second	2. ID Number
	for County Commiss				3CQFX2
3. Type of Dis			CRO-1310 forms for each		
	g Expenses		indidates/Political Committees		Coordinated Party Expenditures
4. Payee Infor			Add	Remove	
	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, stat Patti Adams	e, & zip)		_		
Present Comp	anv		c. Level Registered (Specify	A	
118 Reynolda			Federal X	County:	
Winston-Saler	-		State	Municipality:	e. Election Sum to Date
					\$ 2,454.71
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	В	9/2/2008	\$966.50	Campaign
-			91212008	\$866.50	materials
1	Check	в	9/22/08	\$124.67	Campaign
					materials
. Payee Infor			Add	Remove	
	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
nclude city, state Office Depot	e, & zip)		-		
774 North Po	int Doulovard				_
Winston-Salen			c. Level Registered (Specify	the second se	
winston-Salen	1, NC 27104		Federal State	County:	Electron Comptendent
				Municipality:	e. Election Sum to Date
					\$ 73.57
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit card	К	10/11/2008	\$33.05	Stationary,
		K	10/11/2008	\$33.05	labels, env.
	Debit card	К	8/29/2008	\$13.86	Stationary,
D					envelopes
Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments
clude city, state, r. Don's Butto					
906 W. Morro			c. Level Registered (Specify)		
lendale, AZ			Federal X	County:	
			State	Municipality:	e. Election Sum to Date
				manopunty.	
					\$ 239.73
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	В			Campaign
	Debli Calu	Б	9/9/2008	\$239.73	buttons/stkrs
				\$	
				\$	
Total only th					\$ 1,277.81
	CRO-1310 Pages	man Dans CDO 1100			200 (01)
	line 13a of Detailed Sum		if Operating Expenses) if Contrib to Candidates/Politi		\$ 4,194.82
			if Contrib to Candidates/Politi if Coordinated Party Expendit		
	es (List detailed exp			uresj	
- Media	B* - Printing	C* - Fund		D - To Ano	other Candidate
- Salaries	F* - Equipment				ng Public Office Expenses
- Postage	J - Penalties		ce Expenses	O* - Other	
Tostage	J - I channes	K ^{**} - Offic	ce Expenses	O [*] - Other	

Amendment

* Codes require detailed evaluation in required remarks field (1/)

Disb	ursements	

2

Amendment Γ Yes

No

 \boxtimes

Pg of <u>3</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

the second s	Full Name (and Fu		No Press of Several		2. ID Number
THE REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY.	for County Commission				3CQFX2
3. Type of Dis		ase use separate (RO-1310 forms for each	type of Disbursen	nent.)
	Expenses	Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Infor			Add 🗌	Remove	
	iling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state Patti Adams	e, & zip)		-		
Present Comp	2017		a Lough Degistered (Courter)		-
118 Reynolda	and the second		c. Level Registered (Specify)	the second se	_
Winston-Saler	•		Federal State	County:	
Winston-Saler	n, NC 2/100		State	Municipality:	e. Election Sum to Date
					\$ 2454.71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	В	10/03/2008	\$1.462.54	Campaign
•	Check	В	10/03/2008	\$1,463.54	materials
				\$	
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	, & zip)				
USPS					
Walkertown, N	IC		c. Level Registered (Specify)		
			Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 67.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit card	I	09/25/2008	\$25.20	Stamps
			03/23/2008	\$23.20	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Signs Unlimited					
137 Gloria Ave			c. Level Registered (Specify)		
Winston-Salem,	, NC 27127		Federal X	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,334.07
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	10/9/2008	\$1 224 07	Campaign
-			10/3/2008	\$1,334.07	signage
				\$	
5. Total only thi	s Page		1		\$ 2,822.81
	CRO-1310 Pages				ψ 2,022.01
	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		
(This line goes in l	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Politica	al Comm)	\$ 4,194.82
(This line goes in l	line 13c of Detailed Sum	nary Page CRO-1100	if Coordinated Party Expenditur	res)	
	s (List detailed exp	the second s			
* - Media	B* - Printing	C* - Fund	0	D - To Anoth	ner Candidate
2 - Salaries	F* - Equipment				g Public Office Expenses
- Postage	J - Penalties	K* - Offic	e Expenses	O* - Other	
Codes roquire	datailad avalanatio	n in roanirad ran	norks field (k)	And Anna States and States and	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures I. Committee Full Name (and Fund if applicable) S. ID Number C. Id I C. ID Number C. Id I C.	Disbursen	nents		Pg	: <u>3</u> of		nendment Yes 🖂
Committees and coordinated party expenditures 2.1D Number Nancy Young for County Commissioner 3CQFR2 S Type of Disbursement [Cleare use separate CRO-1310 forms for each pee of Disbursement.] Coordinated Party Expenditures A Party Enformation Add Remove Coordinated Party Expenditures a. Full Nume, Mailing Address & Phose h. Coordinated Committee Nume d. Comments (include city, state, & zip) h. Coordinated Committee Nume d. Comments C. Level Registered (Specify) state Manicipality: e. Election Sum to Date S Party Olimit Station state Manicipality: e. Election Sum to Date L Account Code p. Form of Payment b. Purpose Code L Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Debit Card 1 10/14/2008 \$ s 4. Payce Information Add Remove d. Comments - Pull Name, Mailing Address & Phone h. Coordinated Committee Name d. Comments include city, state, & zip) c. Level Registered (Specify) e. Election Sum to Date S S S S S Add Remove g. Cou	Use this form t	to report expenditure	es from the commit	tee for; operating expense	es. contributions t	o candidate/po	litical
Nancy Young for County Commissioner 3CQFX2 3 Type of Disbursement Conductor Party Expension Coordinated Committee Coordinated Party Expenditures 4. Payse Information Add Remove Coordinated Party Expension Coordinated Committee Coordinated Committee 10 Name, Maiing Address & Phone b. Coordinated Committee Name d. Comments Coordinated Committee Name d. Comments 10 North Point Station E. Level Registered (Specify) E. Election Sum to Date S 94.20 L Account Code p. Form of Payment b. Purpose Code L Date (mm/dd/yyyy) J. Amount k. Required Remarks 1 Debit Card 1 10/14/2008 S94.20 Mailings 4. Payce Information Add Remove s. Coordinated Committee Name d. Comments 1 Debit Card 1 10/14/2008 S94.20 Mailings 4. Payce Information Add Remove d. Comments S 4. Payce Information Add Remove d. Comments S 5. Payce Information Add Remove d. Comments S 6. Coordinated Committee Name d. Comments <th>committees and</th> <th>d coordinated party</th> <th>expenditures</th> <th>,</th> <th>,</th> <th>e eminene per</th> <th>linoui</th>	committees and	d coordinated party	expenditures	,	,	e eminene per	linoui
Nancy Young for County Commissioner 3COCFX2 3 Type of Disbursement Contributions to Candidace/Noticel Committee Coordinated Pary Expension A Page Information Add Remove a. Page Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments iccluda city, state, & zip) i. Coordinated Committee Name d. Comments USPS c. Level Registered (Specify) i. Remove I Debit Card I 10/14/2008 S94.20 Add Remove s. Required Remarks Mailings 1 Debit Card I 10/14/2008 S94.20 Account Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Debit Card I 10/14/2008 S94.20 Mailings 4. Payse Information Add Remove s s - Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments - Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments - Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments				and the state of the state of the	and a second state of the second second	2. 11) Number
Operating Expense Contributions to Candidate/SPOlifical Committees Coordinated Party Expenditures 4. Payce Information Add Remove a. Comments b. Coordinated Committee Name d. Comments d. Comments USNS Federal County: e. Election Sum to Date c. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Debit Card 1 10/14/2008 S94.20 Mailings c. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Debit Card 1 10/14/2008 S94.20 Mailings s. Payce Information Add Remove s s k. Payce Information Add Remove s s k. Payce Information Add Remove s s k. Required Remarks S s s s k. Required Remarks S s s s s. Coordinated Committee Name d. Comments s s s <tr< th=""><th></th><th>In concession of the second second</th><th></th><th></th><th></th><th></th><th></th></tr<>		In concession of the second					
4. Payee Information XAdd Remove a. Full Name, Mailing Address & Phone (include city, state, & sip) b. Coordinated Committee Name d. Comments Winston-Salem, NC E. Level Registered (Specify) s. Election Sam to Date \$ 94.20 C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 1 Debit Card 1 10/14/2008 \$94.20 Mailings 4. Payee Information Add Remove k. Required Remarks 1 Debit Card 1 10/14/2008 \$94.20 K. Payee Information Add Remove c. Comments Federal County: s. Required Remarks s. 1 Debit Card 1 10/14/2008 \$94.20 K. Required Remarks S s. S s. Add Remove k. Required Remarks s. L. Ford Mailing Address & Phone h. Coordinated Committee Name d. Comments Recount Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Payee Informati			ease use separate	CRO-1310 forms for each	h type of Disburse	ement.)	
a. Full Name, Mailing Address & Phone findude dity, state, & zip) Account Code b. Form of Payment b. Purpose Code b. Date (mm/dd/yyyy) b. Amount b. Comments b. Coordinated Committee Name b. County: b. County						Coordinated Party	Expenditures
(include city, state, & zip)		the second s		a second state of the second state of the second state of the second state of the			
USPS Winston-Salem, NC C. Level Registered (Specify) C. Level Registered Specify C. Level Registered Specify C. Level Registered Specify S State S State S State S S S Account Code D. Dorn and Date S Account Code D. Dorn and Date C. Level Registered Specify C. Level Registered Specify S S Account Code D. Dorn Action S Account Code D. Dorn Action S S Account Code D. Dorn Action S Account Code D. Do				b. Coordinated Committee	Name	d. Comment	S
North Point Station Winston-Salem, NC i C-Level Registered (Specify) Federal County: S 94.20 LAccount Code Form of Payment L Purpose Code L Date (mm/dd/yyyy) L Amount L Required Remarks Counters County: Cou		e, & zip)		-			
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Amendment

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* Codes require detailed evaluation in required remarks field (b)

Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were or will be refu	s, goods or se	rvices provided to	of the com	$\frac{1}{2} \qquad \qquad$	
1. Committee Full Name (and Fund if applicable)	ided within 7	days.	2 1	D Number	
Nancy Young for County Commissioner				3CQXF2	
3. Contributor Information 🛛 Add 🗌	Remove				
a. Full Name, Mailing Address & Phone	b. Type	of Contributor	c. Co	omments	
(include city, state, & zip)		ndividual			
Patti Adams		Candidate			
Present Company		Party			
118 Reynolda Village		PAC			
Winston-Salem, NC 27106		Referendum		d. Election Sum to Date	
		Other Receipt Source	\$	866.50	
e. Description		f. Date (mm/dd/y	yyy)	g. Fair Market Amount	
Designing and managing printing of campaign		9/9/08		\$ 866.50	
materials				\$ 800.50	
				\$	
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3. Contributor Information Add	Remove				
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For Office Use Only SBOE ID # Follow-Up Date Reviewed By

CAMPAIGN REPORT DISCREPANCIES REPLY REQUIRED

TO: Treasurer Committee Address Marian K. O'Neal Nancy Young for County Commissioner 608 Braewyck Lane Winston-Salem, NC 27104

FROM: Campaign Finance Office

REPORT IN QUESTION: Third Quarter Plus Report

DATE: November 11, 2008

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 \$50 are listed with "cash" being the method of payment.

- Contributions over \$50 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. "In Kind" 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:

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-1100 – Amount missing from CRO-1205 of \$15.00. Also, the amount listed on line 11c for CRO-1250 is missing the CRO-1250 form. Is this the amount for line 5 for CRO-1205? Please amend with the CRO-1000 and 1100. 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: