

Disclosure Report Cover

COPY

Amendment

☐ Yes ☐ No

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 Information				
a. Full Name			c. ID Number	
JOHN HOPKINS W/S ELECTION COMMITTEE			8C QOL1	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. BOX 101 BETHANIA, NC 27010-9800			9-8-09	
			e. Phone Number	
			336-924-9783	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
	7-07-09	8-17-09	NANCY B. TAYLOR	

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB & T			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Election FOR	5		
W/S CITY COUNCIL	d. Period Begin Balance		d. Period Begin Balance
	\$ 371.71		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of 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.

NANCY B. TAYLOR Nancy B Taylor 9-03-09
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9-3-09	Employee: Judy Spears	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.

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

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
John Hopkins w/ Election Committee		PRE-PRIMARY	8CQ021
Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 371.71	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00	\$ 50.00
6) Contributions from Individuals (CRO-1210)		\$ 764.24	\$ 1135.95
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			
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)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 814.24	\$ 1185.95
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
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)		\$ 89.24	\$ 89.24
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 89.24	\$ 89.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1096.71	\$ 1096.71
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Amendment ☐ Yes ☐ No

☐ Yes ☐ No

April 2007

Contributions from Individuals

Pg 2 of 04 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) John Hopkins w/s City Council	2. ID Number 8C0011
---	-------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) HARold POPE JR. 1629 Eagle Crest DR. PFAFFTOWN, NC, 27040		b. Job Title/Profession Director-Display		d. Comments	
		c. Employer's Name/Specific Field Goodwill			
				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5	Check		8-3-2009	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANTHONY C. SILVERI 2003 CLIFTON RIDGE DR. TARBORO, NC 27884		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5	Check		8-3-09	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jessica C. Williams 4497 SUNSET AVENUE ROCKY MOUNT, NC 27804		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field Self Employed			
				e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5	Check		8-5-09	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ ✓

Contributions from Individuals

Pg 3 of 06 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) <u>JOHN HOPKINS w/s CITY COUNCIL</u>					2. ID Number <u>800051</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>MRS Charles Fullen</u> <u>4605 Hildebrand Drive</u> <u>WINSTON-SALEM, NC 27106</u>				b. Job Title/Profession <u>Retired</u>		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				f. Amount		<u>\$ 100.00</u>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>5</u>	<u>CHECK</u>		<u>8-10-09</u>	<u>\$ 100.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>A. WHITFIELD FOUNTAIN</u> <u>1607 CANAL STREET</u> <u>TARBORO, NC 27886</u>				b. Job Title/Profession <u>INSURANCE AGENT</u>		d. Comments
				c. Employer's Name/Specific Field <u>SELF EMPLOYED</u>		
				e. Election Sum to Date		
				f. Amount		<u>\$ 50.00</u>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>5</u>	<u>CHECK</u>		<u>8-10-09</u>	<u>\$ 50.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>LEON WENDERSON JR.</u> <u>17 MOCKINGBIRD LANE</u> <u>ROCKY MOUNT, NC 27804</u>				b. Job Title/Profession <u>Retired</u>		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				f. Amount		<u>\$ 50.00</u>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>5</u>	<u>CHECK</u>		<u>8-14-09</u>	<u>\$ 50.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					<u>\$ 200.00</u>	
5. Total of ALL CRO-1210 Pages					<u>\$</u>	
(This line must be on line 6 of Detailed Summary Page CRO-1200)						

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	
JOHN HOPKINS w/ CITY COUNCIL						8CQ0L1	
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	
JACK HOPKINS 212 NORTH MAIN STREET TARBORO, NC. 27886-5008				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5	CHECK	CH	8-15-09	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Brenda Knouse 3729 CRESTBROOK LANE PFFERTOWN, NC 27040				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5	CHECK		8-18-09	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JUDITH F. MARGERUM P.O. Box 230 2115 SANDWEDGE CT. BETHANIA NC 27010				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5	CHECK		8-24-08	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 225.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO 1100)					\$		

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	
JOHN HOPKINS ^W / ₃ CITY COUNCIL				8C00H1	
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
JOHN HOPKINS 1635 BRIGHTLEAF ROAD PFAFFTOWN, NC 27040			IT Help Desk		
			c. Employer's Name/Specific Field		
			Time Warner Cable		
			e. Election Sum to Date		\$ 89.24
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>			TONER CARTRIDGE	8-17-09	\$ 89.24
<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
			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"/>					\$
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					\$ 89.24
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

In-Kind Contributions

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Amendment

☐ Yes ☐ No

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	
JOHN HOPKINS W/S CITY COUNCIL		8CQ0H1	
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
JOHN HOPKINS 1635 BRIGHT LEAF ROAD PFAFFTOWN, NC 27040		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TOWER CARTRIDGE		8-17-09	\$ 89.24
			\$
			\$
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 <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 <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 89.24	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 89.24	

For Office Use Only:
Follow-Up Date _____
Reviewed by _____

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

September 3, 2009

Nancy Taylor

John Hopkins for WS City Council

1708 Turfwood Drive

Pfafftown, NC 27040

FROM: Campaign Finance Office
Forsyth County Board of Elections
201 N. Chestnut Street
Winston-Salem, NC 27101

REPORT(S) IN QUESTION:
Pre-primary

This letter is prompted by a review of the reports referenced above. This notice requests information essential to full public disclosure of your election campaign finances. An itemization of the information needed follows:

DISCLOSURE REPORT COVER PAGE (CRO-1000)

- ☐ The Disclosure Report Cover is not signed by the designated Treasurer or Assistant Treasurer of the committee.
- ☐ Complete committee information (Boxes 1, 3, 5, 6, 8 and 11) is not provided or incorrect according to the last Statement of Organization filed by the committee.
- ☐ Complete report information (Boxes 2, 3, 4, and 9) is not provided or inaccurate.
- ☐ Other: Report period dates are 8-5-09 to 9-1-09

DETAILED SUMMARY PAGE (CRO-1100)

- ☐ The beginning cash balance of this report does not equal the ending cash balance of the last report filed.
- ☐ The beginning cash balance is incorrect.
- ☐ Total Receipts for (this Reporting Period and/or this Election Cycle) is incorrect.
- ☐ Total Expenditures for (this Reporting Period and/or this Election Cycle) is incorrect.
- ☐ Amount on Line(s) _____ (Total this Reporting Period) disclosed, but no form(s) itemizing the entry is provided with the report.
- ☐ Form CRO-_____ provided, but amount on Line(s) _____ (Total this Reporting Period) is incorrect
- ☐ The ending cash balance of the report is negative. This suggests the committee has overdrawn its bank account, made a mathematical error or incurred a debt or other obligation not reported by the committee.
- ☐ Other: Amounts are incorrect - past report amounts must be accumulated. Check math by suggested example.

RECEIPTS

- ☐ Complete individual contributor information for contributions received in excess of \$50 is not provided or incorrect. Please provide the missing address, occupation and employer, date of contribution, form of payment, election sum to date and/or amount of contribution for some or all of the contributions received by the committee.
- ☐ Contributions from anonymous sources, a corporation, business, labor union, professional association and/or insurance company were received by the committee. These contributions must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- ☐ Cash contributions in excess of \$50 were received from a contributor. The excess amount must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- ☐ The date of some or all contributions received by the committee is not provided or outside the coverage dates of this report.
- ☐ Contributions over \$50 are itemized as Aggregated Contributions from Individuals on a form CRO-1205. These contributions must be itemized as a Contribution from Individual on a form CRO-1210.
- ☐ In-kind contributions are not disclosed properly. An in-kind contribution received by a committee must be shown as both a receipt and expenditure from the contributor.
- ☐ Excessive contributions of over \$4,000 per election were received from some contributors. Please refund the excess portion to the contributor and show the refund on the next report.
- ☐ Other: Complete occupational information for retired employees. Pope and Silveri contributors' receipt dates are out of the report period. Please be aware of this in future reports.

EXPENDITURES

- ☐ Complete disbursement information for expenditures made by the committee in excess of \$50 is not provided or incorrect. Please provide the missing address, purpose code or detailed purpose of disbursement, date of disbursement, form of payment, election sum to date and/or amount of disbursement for some or all of the expenditures made by the committee.
- ☐ Some disbursements that were made by the candidate or candidate committee are prohibited under N.C.G.S. §163-278.16B. Please seek reimbursement for the amount of the prohibited disbursement.
- ☐ Disbursements made for media expenses were paid for in cash.
- ☐ Disbursements for non-media expenses over \$50 were paid for in cash.
- ☐ Other: _____

LOANS/DEBTS

- ☐ Complete information concerning a loan or debt owed by the committee is not provided or incorrect. Please provide missing information concerning the lender, the terms of the loans and/or the amount of the loan or information concerning the debt including the name and address of the creditor, date incurred, beginning and outstanding balance of the debt and the amount of debt payments made by the committee.
- ☐ A Loan Proceeds Statement (Form CRO-6100) was not provided for a new loan made by the committee.
- ☐ A Forgiven Loan Statement (Form CRO-6200) was not provided for a loan in which the lender intends to forgive.

☐ Other: _____

48-HOUR NOTICES

- ☐ 48-Hour Notices reported during the 48-Hour reporting period on a form CRO-2220 are not included in this report. Please include the contributor information contained in the 48-Hour Notice on the report itself.

OTHER ISSUES:

- ☐ Amend report with the CRO-1000, 1100 and 1210s that are affected. Thank you.

Please file any amendment within twenty (20) days of the date of this letter with the Forsyth County Board of Elections office. Additional forms and other campaign finance information can be found at www.sboe.state.nc.us. If you need assistance with this matter please contact Judy Speas at (336) 703-2808.