

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**

COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL

c. ID Number

20-355879

b. Mailing Address (include City, State and Zip Code)313 SOUTH MAIN STREET
WINSTON SALEM, NC 27101**d. Date Filed**

10/22/2009

e. Phone Number

336-725-4325

2. Report Year

2009

3. Period Start Date (mm/dd/yy)

09/02/2009

**4. Period End Date
(mm/dd/yy)**

10/19/2009

5. Treasurer Full Name

LINDA HOBBS

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
- ☐ Party
☐ Referendum
☐ Joint Fundraiser

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

State/County

- ☐ Organizational
☐ Quarterly

Referendum

- ☐ Organizational
☐ Pre-referendum

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Pre-primary☒ Pre-election☐ Pre-runoff☐ Semi-annual☐ Mid Year☐ Year End☐ Final☐ Special☐ First☐ Second☐ Third☐ Fourth☐ Semi-annual☐ Mid Year☐ Year End☐ Final☐ Special☐ Final☐ Supplemental Final☐ Annual☐ Special**8. Number of Fundraisers this Report**

1

10. Special Report Name**11. Account Information****a. Financial Institution Full Name**

BB&T

b. PurposeCHECKING FOR
RECEIPTS AND
EXPENSES**c. Account Code**

1

d. Period Begin Balance

\$ 2684.64

11. Account Information**a. Financial Institution Full Name****b. Purpose****c. Account Code****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 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.

LINDA A. HOBBS

Printed Name of Signer

Signature of Appointed Treasurer

10/22/2009

Date

FOR OFFICE USE ONLY

Date Received:

10-22-09

Employee:

Judy Spears

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

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
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL	PRE-ELECTION	20-355879

Start of Election Cycle: January 1, 2005	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2684.64	\$ 1089.61

RECEIPTS

5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 56.07
6) Contributions from Individuals	(CRO-1210)	\$ 266.96	\$ 7668.99
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)	\$ 236.26	\$ 236.26
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 503.22	\$ 7961.26

EXPENDITURES

13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 814.78	\$ 5685.61
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 750.00	\$ 1000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ 338.00
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ 100.00
17) In-Kind Contributions	(CRO-1510)	\$ 126.96	\$ 431.14
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1691.74	\$ 7554.75
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1496.12	\$ 1496.12

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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 2 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	
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL					20-355879	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOU BLANCATO 813 SOUTH CHURCH STREET WINSTON SALEM, NC 27101			b. Job Title/Profession		d. Comments	
			WRITER/PRODUCER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		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"/>	1	CHECK		09/10/2009	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY FANT DONNAN 810 CLOVELLY ROAD WINSTON SALEM, NC 27106			b. Job Title/Profession		d. Comments	
			PROGRAM OFFICER			
			c. Employer's Name/Specific Field			
			Z SMITH REYNOLDS FOUND.		e. Election Sum to Date	
				\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		09/11/2009	\$ 20.00	
<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) MATTIE RHODES 219 TAR BRANCH COURT WINSTON SALEM, NC 27101			b. Job Title/Profession		d. Comments	
			UNEMPLOYED			
			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"/>	1	CHECK		09/03/2009	\$ 100.0	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 145.00	
5. Total of ALL CRO-1210 Pages					\$ 266.96	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 2 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	
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL					20-355879	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHAN DRAGASIC 207 CASCADE WINSTON SALEM, NC 27127-2028			b. Job Title/Profession MARKETING DIRECTOR		d. Comments	
			c. Employer's Name/Specific Field SELF EMPLOYED			
					e. Election Sum to Date \$ 109.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		09/09/2009	\$ 109.40	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNE WILSON 445 MARSHALL VIEW COURT WINSTON SALEM, NC 27101			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field BAPTIST HOSPITAL			
					e. Election Sum to Date \$ 43.79	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		09/11/2009	\$ 12.56	
<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					\$ 121.96	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 266.96	

Amendment

of 2☐ **Yes**☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	20-355879

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
--	---	---

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

STEPHAN DRAGASIC
207 CASCADE AVENUE
WINSTON SALEM, NC 27127-2028

b. Coordinated Committee Name

c. Level Registered (Specify)

<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:
<input type="checkbox"/>	State	<input checked="" type="checkbox"/>	Municipality:

d. Comments

e. Election Sum to Date

\$ 109.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/09/2009	\$109.40	REFRESHMENTS
				\$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

KRANKIE'S
211 E. THIRD STREET
WINSTON SALEM, NC 27101

b. Coordinated Committee Name

c. Level Registered (Specify)

<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:
<input type="checkbox"/>	State	<input checked="" type="checkbox"/>	Municipality:

d. Comments

e. Election Sum to Date

\$ 225.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/14/2009	\$75.00	COFFEE
				\$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

CAMINO BAKERY
211 E. THIRD STREET
GREENSBORO, NC 27101

b. Coordinated Committee Name

c. Level Registered (Specify)

<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:
<input type="checkbox"/>	State	<input checked="" type="checkbox"/>	Municipality:

d. Comments	
-------------	--

e. Election Sum to Date

\$ 306.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/14/2009	\$102.00	BAKERY ITEMS
				\$	

5. Total only this Page		\$ 286.40
--------------------------------	--	-----------

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)

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

* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 2 of 2 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)					2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL					20-355879
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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
PARTNERS FOR HOME OWNERSHIPS 503 E. 14 TH STREET WINSTON SALEM, NC 27105					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	08/10/2009	\$240.00	DONATION FOR FOOD BANK
1	CHECK	C	09/11/2009	\$60.00	DONATION FOR FOOD BANK
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	
WEST SALEM HOUSE TOUR 1027 FRANKLIN STREET WINSTON SALEM, NC 27101					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/15/2009	\$100.00	DONATION FOR FUND RAISER
				\$	
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	
HARRIS TEETER 2281 CLOVERDALE AVE WINSTON SALEM, NC 27103					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 128.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/15/2009	\$128.38	REFRESHMENTS
				\$	
5. Total only this Page					\$ 528.38
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)					\$ 814.78
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 1 of 1 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)					2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL					20-355879
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT DAN BESSEE 1136 MILLER STREET WINSTON SALEM, NC 27103		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	09/21/2009	\$500.00	DONATION
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES TAYLOR FOR CITY COUNCIL 858 SHALIMAR DRIVE WINSTON SALEM, NC 27107		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	10/14/2009	\$250.00	DONATION
				\$	
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 checked="" type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 750.00
6. Total of ALL CRO-1310 Pages					\$ 750.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Amendment

Pg 1 of 1 ☐ 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) COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL		2. ID Number 20-355879													
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHAN DRAGASIC 207 CASCADE WINSTON SALEM, NC 27127-2028		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width:60%;">b. Type of Contributor</td> <td style="width:40%;">c. Comments</td> </tr> <tr> <td colspan="2"> <input checked="" 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 </td> <td></td> </tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 109.40</td> </tr> </table>		b. Type of Contributor		c. Comments	<input checked="" 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					d. Election Sum to Date			\$ 109.40
b. Type of Contributor		c. Comments													
<input checked="" 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															
		d. Election Sum to Date													
		\$ 109.40													
e. Description REFRESHMENTS		f. Date (mm/dd/yyyy) 09/10/2009	g. Fair Market Amount \$ 109.40												
			\$												
			\$												
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNE G. WILSON 445 MARSHAL VIEW COURT WINSTON SALEM, NC 27101		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width:60%;">b. Type of Contributor</td> <td style="width:40%;">c. Comments</td> </tr> <tr> <td colspan="2"> <input checked="" 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 </td> <td></td> </tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 43.79</td> </tr> </table>		b. Type of Contributor		c. Comments	<input checked="" 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					d. Election Sum to Date			\$ 43.79
b. Type of Contributor		c. Comments													
<input checked="" 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															
		d. Election Sum to Date													
		\$ 43.79													
e. Description BALLOONS		f. Date (mm/dd/yyyy) 09/09/2009	g. Fair Market Amount \$ 12.56												
			\$												
			\$												
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width:60%;">b. Type of Contributor</td> <td style="width:40%;">c. Comments</td> </tr> <tr> <td colspan="2"> <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 </td> <td></td> </tr> <tr> <td colspan="2"></td> <td>d. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$</td> </tr> </table>		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					d. Election Sum to Date			\$
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															
		d. Election Sum to Date													
		\$													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
			\$												
			\$												
			\$												
4. Total only this Page		\$ 121.96													
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 121.96													

Refunds/Reimbursements To the Committee

Pg 1

of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL				20-355879		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) EXCALIBUR PO BOX 7395 WINSTON SALEM, NC 27109-7395			d. Type of Committee		g. Comments	
			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
			e. Level Registered (Specify)		h. Original Expenditure Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		08/01/2009	
					i. Original Expenditure Amt	
					\$ 2351.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
				POSTCARDS		
				j. Election Sum to Date		
				\$ 2351.00		
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount	
1	CHECK		09/03/2009		\$ 236.26	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			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 Expenditure Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					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						
			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 Expenditure Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					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					\$ 236.26	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 236.26	