nend	ment	
1	Vec	

XI .	No

Do not use this form to update information

1. Committee Infor	mation	•					•
a. Fuli Name	c. ID Number						
COMMITTEE TO	20-355879						
-	ude City, State and Zip Code)						d. Date Filed
313 SOUTH MAIN WINSTON SALEM	10/22/2009						
	e. Phone Number						
	336-725-4325						
2. Report Year	3. Period Start Date (mm/s	ld/yy)	4. Period (mm/dd/yy)		ite	5. Treasurer Fu	ull Name
2009	09/02/2009		10/	19/2009		LINDA HOBB	S
6. Type of Committe		9. Тур	e of Report	t (c	heck onl	ly one type of repo	ort from one category)
Candidate Campa	- - -	Municip			State/Co	ounty	Referendum
PAC	Referendum		Organizationa	ıl		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day	у	C	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	П	Pre-primary			First	☐ Final
Booster Fund"			Pre-election		Ħ	Second	Supplemental Final
Building Fund			Pre-runoff	j	亓	Third	Annual
			Semi-annual	ĺ		Fourth	Special
_	-		Mid Yea	r	S	emi-annual	
Other:			Year End	i		Mid Year	10. Special Report Name
Final						Year End	
8. Number of Fundraisers this Report Speci			Special		F:	inal	
	1				S	pecial	
11. Account Informa						oformation	
a. Financial Institution Fu	ill Name			a. Finan	cial Instit	tution Full Name	No.
BB&T							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
CHECKING FOR RECEIPTS AND	1						Y 23
EXPENSES	d. Period Begin Balance						1 15.5
LA LINGLO							d. Period Begin Balance
	\$ 2684.64				, ,		\$ 10 00
CERTIFICATION							188
the NC General Statute is complete, true and c	es and that no funds are cor orrect and that I have been	nmingle	d with prohi	ibited or	other north	on-disclosed funds ections	B, & 22D-22M of Chapter 163 of is. I further certify that this report
LINDA A. H	OBBS Printed Name of Signer			rial		Jans	10/22/2009
FOR OFFICE USE ON			318	gnature of	Аррошие	d Treasurer	Date
Date Received:	10-22-09	F	Employee:	,	Judy	Speas	Delivery Method Normal Mail
Date Postmarked:		E	Employee:			···	Registered Mail Hand Delivered
Date Scanned:		E	imployee:				Electronically Filed Signer has not received
Date Data Entered	·	E	imployee:	_			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.

 \boxtimes No

Detailed SummaryUse 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	<u>t</u>		3. ID N	umber
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL	PRE-ELECTION			20-3558	B79
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
<u>RECEIPTS</u>					
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) Kefunds/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 Organization	ons <i>(CRO-1250)</i>	\$		\$	
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	, IId and IIe)	\$	503.22	\$	7961.26
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	814.78	\$	5685.61
13b) Contributions to Candidates/Political Committee	tees (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 subtr	ract line 18)	\$	1496.12	\$	1496.12
<u>ADDITIONAL INFORMATION</u>	현실 (1985년 - 1985년 - 1 1985년 - 1985년				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			4.1
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)	\$		\$	
6) Forgiven Loans	(CRO-1440)	\$		\$	
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
8) Contributions to be Refunded	(CRO-1215)	\$		\$	

Use this	form to report ind	lividual contributions	over \$5	0 or contribu	itions un	der \$50 if form CF	RO 1205 is n	ot used	
1. Committee Full Name (and Fund if applicable)							2. ID Number		
сомм	ITTEE TO ELECT	MOLLY LEIGHT	O CIT	Y COUNCIL	,			20-355879	
3. Cont	ributor Informati	ion	\boxtimes	Add [Re	emove	<u> </u>		
a. Full Na	me, Mailing Address	& Phone		b. Job Title	/Profession	D	d. Commen	its	
	city, state, & zip)		WRITER	/PRODU	JCER				
7	LANCATO			<u></u>			_		
1	UTH CHURCH ST					pecific Field	_		
MINST	ON SALEM, NC 2	27101		SELF EM	1PLOYE	Ъ	a Florian i	Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	<u> </u>	k. Amount	
П	1	CHECK	*****		V-1	09/10/2		\$	25.00
					·			\$	
			1					\$	
								3	
	ibutor Informatio			Add _		move			
i	me, Mailing Address	& Phone		b. Job Title/			d. Commen	ts	
 	city, state, & zip)			PROGRA	M OFFI	CER			
	FANT DONNAN OVELLY ROAD			a Franksys-	la Nama/S	noiGo Wield	-		
	ON SALEM, NC 2	7106	-	c. Employer's Name/Specific Field Z SMITH REYNOLDS FOUND.			-{		
WILL WILL	on Saleivi, NC 2	7100		Z SIVILITI	KE INC	LDS FOUND.	e. Election S	Sum to Date	
								•	
							\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	æ	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK				09/11/2	009	\$	20.00
								\$	
							· · · · · · · · · · · · · · · · · · ·	\$	
3. Contri	butor Informatio	n		Add [Rei	move			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/I	Profession		d. Comment	s	,
(include o	city, state, & zip)			UNEMPL	OYED			•	
	RHODES								
	BRANCH COUR			c. Employer	s Name/Sp	ecific Field			
WINSTO	ON SALEM, NC 2	7101					- E24 C	4- D-4-	
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Description	n .	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK				09/03/20	009	\$	100.0
								\$	
		- · - · · ·						\$	
	only this Page						\$		145.00
	of ALL CRO-	•					\$		266.96
(This line	must be on line 6 of D	etailed Summary Page CR	0-1100)				Ŧ		

Contributions from Individuals

Amendment

Yes 🛛

Use thi	s form to report inc	dividual contributions	over \$5	0 or contributions un	der \$50 if form CF	RO 1205 is r	not used	
1. Com	mittee Full Name	e (and Fund if applica	able)			2. ID Nu	ımber	
COMM	AITTEE TO ELECT		20-355879					
3. Cont	tributor Informati	ion	\boxtimes	Add Re	emove			
a. Full N	ame, Mailing Address	& Phone		b. Job Title/Profession	'n	d. Comme	ents	
	le city, state, & zip)			MARKETING DI	IRECTOR			
	IAN DRAGASIC			1				
	SCADE		•	c. Employer's Name/S	Specific Field	7		
WINST	ON SALEM, NC 2	27127-2028		SELF EMPLOYE		7		
l						e. Election	Sum to Date	
						\$	109.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	CHECK			09/09/2	:009	\$	109.40
			<u> </u>		,		\$	
						_	\$	
3. Contr	ributor Informatio	on	\boxtimes	Add Re	emove		_ 	
	me, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ats	<u> </u>
(include	city, state, & zip)			RETIRED				·
ANNE V	WILSON			1				
445 MA	RSHALL VIEW C	OURT		c. Employer's Name/Sp	pecific Field	1		
WINSTO	ON SALEM, NC 2	.7101	1	BAPTIST HOSPIT	ΓAL	1		
			,		e. Election	e. Election Sum to Date		
•			!		l	\$	43.79	
f. Prior	g. Account Code	h. Form of Payment	i In-E	 Kind Description	i Dote (mm/dd/rg		,	
	1	CHECK	1. 111-10	na Description	j. Date (mm/dd/yy)		k. Amount	12.56
			 				\$	
			 		+	·	\$	
3. Contri	ibutor Informatio	n		Add Ren	move			
a. Full Nan	ne, Mailing Address &	z Phone		b. Job Title/Profession		d. Comment	l	<u> </u>
(include c	city, state, & zip)		ļ					
			ŀ	c. Employer's Name/Sp	ecific Field			
				l	Ī	e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy	/y)	k. Amount	
			l				\$	
			<u> </u>				\$	
			i				\$	
. Total	only this Page					\$		121.96
. Total	of ALL CRO-1	1210 Pages				ф.		266.06
(This line .	must he on line 6 of De	etailed Common Book CDC	A 71001			\$		266.96

Contributions from Individuals

Amendment

Yes 🛛

Disbursements	rsements	S
----------------------	----------	---

Amendment

 \boxtimes

No

Disbursements

Pg 1 of 2 Ye

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

	Full Name (and Fu				2. ID Number
	E TO ELECT MOLL				20-355879
3. Type of Dis		ase use separate (CRO-1310 forms for each	type of Disburser	nent,)
	Expenses	Contributions to Ca	andidates/Political Committees		pordinated Party Expenditures
4. Payee Infor			Add 🔲	Remove	
<u> </u>	ailing Address & Phone		b. Coordinated Committee l	Name	d. Comments
(include city, stat STEPHAN D			-		
207 CASCAD	E AVENUE		c. Level Registered (Specify))	
WINSTON SA	ALEM, NC 27127-20)28	Federal	County:	1
			State 🔯	Municipality:	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	С	09/09/2009	\$109.40	REFRESHMENTS
			0)10)1200)	\$107.40	
				\$	
4. Payee Inform			Add	Remove	
•	ling Address & Phone		b. Coordinated Committee N	Vame .	d. Comments
(include city, state KRANKIE'S	, & zip)		-		-
211 E. THIRD	STREET		c. Level Registered (Specify)		1
WINSTON SA	LEM, NC 27101		Federal	County:	-
			State	Municipality:	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	С	09/14/2009	\$75.00	COFFEE
				\$	
4. Payee Inforn	aation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	=			··	
CAMINO BAR	CERY				
211 E. THIRD :	STREET		c. Level Registered (Specify)		
GREENSBORG), NC 27101		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
	•				\$ 306.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	С	09/14/2009	\$102.00	BAKERY ITEMS
			-	\$	
5. Total only thi	E Poge			J į	d 206.42
	CRO-1310 Pages				\$ 286.40
	ine 13a of Detailed Sumn	narv Page CRO-1100 i	if Oneratina Evnencec)		
			if Contrib to Candidates/Politica	d Comm)	\$ 814.78
(This line goes in li	ine 13c of Detailed Sumn	ary Page CRO-1100 i	if Coordinated Party Expenditure	es)	
	s (List detailed exp				
* - Media	B* - Printing	C* - Fund	- 	D - To Anoth	er Candidate
E - Salaries	F* - Equipment		0		Public Office Expenses
- Postage	J - Penalties	K* - Offic	e Expenses	O* - Other	
Codes require	detailed explanatio	n in required ren	narks field (k)		

Amendment Yes

No

 \boxtimes

Disbursements $P_g = 0$ of 0 Ye

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

	Full Name (and Fu				2. ID Number
}	E TO ELECT MOLL				20-355879
3. Type of Dis			RO-1310 forms for each	type of Disbursen	tent.)
Operating		Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Infor			Add	Remove	194-7
	iling Address & Phone		b. Coordinated Committee I	Vame	d. Comments
(include city, state					
	OR HOME OWNER	RSHIPS]
503 E. 14 TH S			c. Level Registered (Specify))	j
WINSTON SA	ALEM, NC 27105		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 300.00
	T 5	1 b D			
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
4 Dayso Inform			A 3.1		FOOD BANK
4. Payee Inform	hation ling Address & Phone		Add b. Coordinated Committee N	Remove	
(include city, state			D. Coordinated Committee N	аше	d. Comments
	1 HOUSE TOUR				
1027 FRANKL			c. Level Registered (Specify)		
	LEM, NC 27101		Federal Federal	County:	
***************************************	122111, 110 27 101	İ	State	Municipality:	e. Election Sum to Date
			State	Municipanty.	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	С	09/15/2009	\$100.00	DONATION FOR
			457.20.2005	\$100.00	FUND RAISER
				\$	
4. Payee Inform	etion		Add	D	
	ng Address & Phone	<u> </u>	b. Coordinated Committee Na	Remove	d. Comments
(include city, state,	-	-	D. Cool dinated Committee 14	anac	u. Comments
HARRIS TEET					
2281 CLOVERI		}-	c. Level Registered (Specify)		
	LEM, NC 27103		Federal	County:	
	32.11, 110 27103		State	Municipality:	e. Election Sum to Date
		-		within party.	C. Executin Sum to Date
<u> </u>					\$ 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
			03/13/2003	Ψ120.50	
				\$	
Total autothi	- D	·		l i	
5. Total only this	S Page CRO-1310 Pages				\$ 528.38
	ine 13a of Detailed Sumn	sarv Page CRO-1100 is	(Oneratina Evnences)	İ	
			Contrib to Candidates/Politica	I Comm)	\$ 814.78
			Coordinated Party Expenditure		
	s (List detailed exp				
* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
- Postage	J - Penalties	K* - Office	•	O* - Other	
* Codes require	detailed explanation				i

-	-		
Dis	bu	rsem	ents

Amendment

 \boxtimes

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

1. Committee	Full Name (and Fu	nd if applicable)						2. ID Number
	E TO ELECT MOLL							20-355879
3. Type of Dis	sbursement (Ple	ase use separate				type of Disburse	ment.)	
	g Expenses	Contributions to C		lates/Political Commi	ttees		coordinate	d Party Expenditures
4. Payee Info			_ <u> </u>	Add		Remove		
	iling Address & Phone		Ь	. Coordinated Comn	nittee N	ame	d. Co	mments
(include city, stat	ie, & zip) E TO ELECT DAN 1	DECCER	-					
1136 MILLER		BESSEE	-	Tarris Danistana 1 (C				,
	ALEM, NC 27103		C.	Level Registered (S	pecity)	Communication		
WINDION	HEDINI, NC 27103			State		County: Municipality:	- Flo	ation Com to Date
			1			with cipanty.	e. Ele	ction Sum to Date
			-				\$ 5	00.00
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyy	/y)	j. Amount	k. Red	uired Remarks
1	CHECK	6			•/			NATION
	CHECK	С	1	09/21/2009		\$500.00		
						\$		
						J		
4. Payee Infor			1	dd		Remove		
	ling Address & Phone		b.	Coordinated Comm	ittee Na	me	d. Con	nments
(include city, state	, & zip) .OR FOR CITY COL	DIGH	1				1	
858 SHALIM		INCIL	L	T 170 14 140			4	
	LEM, NC 27107		E.	Level Registered (Sp	ecity)	0 1	-	
WINDTON SA	LEW, NC 2/10/		늗	Federal State		County:	177	** C 4: D 4
			╠	Jaraic		Municipality:	e. Elec	tion Sum to Date
							\$ 25	50.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	y)	j. Amount	k. Req	uired Remarks
1	CHECK	C		10/14/2009		\$250.00	DON	ATION
· · · · · · ·			-4				1	
	:					\$		
4. Payee Inforn	lation		Ac	ld		Remove	<u> </u>	
	ing Address & Phone	<u> </u>		Coordinated Commi	ttee Na		d. Com	mante
(include city, state,	•			Cool and a Coldina	tice Mar	inc .	u. Com	INCUS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
			c. I	evel Registered (Spe	ecify)		†	
				Federal		County:	1	
		İ		State	\boxtimes	Municipality:	e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks
į						\$		
							<u> </u>	
		•				\$	1	
5. Total only thi	s Page						\$	750.00
	CRO-1310 Pages						Φ	730.00
	ine 13a of Detailed Summ	ary Page CRO-1100	f Op	erating Expenses)				
(This line goes in li	ine 13b of Detailed Summ	ary Page CRO-1100	f Co.	ntrib to Candidates/P	olitical	Comm)	\$	750.00
(This line goes in li	ine 13c of Detailed Summ	ary Page CRO-1100 i	f Coe	ordinated Party Expe	nditure	5)		
	s (List detailed expe							
A* - Media	B* - Printing	C* - Fund		•		D - To Anotl		
2 - Salaries	F* - Equipment			•			g Public	Office Expenses
- Postage	J - Penalties	K* - Offic				O* - Other		J
Cours require	detailed explanatio	u in requirea rei	uar	ks neia (k)				I

Amendment **In-Kind Contributions** Pg of 1

Yes 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. I	D Number
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY	COUN	CIL			20-355879
3. Contributor Information Add		Remove			
a. Full Name, Mailing Address & Phone		b. Type o	Contributor	c. Co	omments
(include city, state, & zip)		⊠ In	dividual		
STEPHAN DRAGASIC			andidate		
207 CASCADE		Pa	uty		
WINSTON SALEM, NC 27127-2028		1=	AC	<u> </u>	
		1 🗀	eferendum	d. El	ection Sum to Date
) O	ther Receipt Source	\$	109.40
e. Description			f. Date (mm/dd/y	ууу)	g. Fair Market Amount
REFRESHMENTS			09/10/200	19	\$ 109.40
					\$
					\$
3. Contributor Information Add		Remove			
a. Full Name, Mailing Address & Phone	_		Contributor	c. Cor	mments
(include city, state, & zip)		∤ ==	lividual		
ANNE G. WILSON		i 💳	ndidate		
445 MARSHAL VIEW COURT		Par	•		
WINSTON SALEM, NC 27101		PA			
			erendum	d. Ele	ction Sum to Date
		L O⊞	er Receipt Source	\$	43.79
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
BALLOONS			09/09/2009)	\$ 12.56
					\$
					\$
3. Contributor Information	R	emove			
a. Full Name, Mailing Address & Phone	Ĺ	b. Type of (c. Con	ments
(include city, state, & zip)		=	vidual		
		=	didate		
	-	Part			
	1	PAC			
		=	rendum	a. Elec	tion Sum to Date
			r Receipt Source	\$	
. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
					\$
					\$
					\$
. Total only this Page				\$	121.96
. Total of ALL CRO-1510 Pages					
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	121.96
B 0 4 4 4 0					

 \boxtimes

No

Refunds/Reimbursements To the Committee

Pg <u>1</u>

f <u>1</u>

Amendment
Yes

No

 \boxtimes

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 Add Remove									
a. Full Name, Mailing Address & Phone					d. Type of Committee			g. Comments	
(include city, state, & zip)					ındid	late	PAC		
EXCALIBUR					fere:	ndum 🔲	Party		
PO BOX 7395					e. Level Registered (Specify)			h, (Original Expenditure Date
WINSTON SALEM, NC 27109-7395					Federal State				08/01/2009
					State Municipality:			i. Original Expenditure Amt	
								\$	2351.00
b. Job Title/Profession c. Employer's Nam			e/Specific Field	f. Purpose				j. Election Sum to Date	
				POSTCARDS				\$ 2351.00	
k. Account Code	k. Account Code 1. Form of Payment		m. In-Kind Descri) ption		n. Date (mm/dd/yyyy)		<u> </u>	o. Amount
1	CHEC	rK.				09	09/03/2009		\$ 236.26
3. Contributor In	Add	亓	Remove						
a. Full Name, Mailing Address & Phone					d. Type of Committee			g. Comments	
(include city, state, & zip)					Candidate PAC				
					Referendum Party				
					e. Level Registered (Specify)			h. Original Expenditure Date	
					deral ite		County: Municipality:		
<u> </u>					<u> </u>			i. O	Priginal Expenditure Amt
								\$	
b. Job Title/Profession c. Employer's Name/S			/Specific Field	f. Purpose			j. Election Sum to Date		
								\$	
k. Account Code 1. Form of Payment m.		m. In-Kind Descrip	. In-Kind Description n. Date		n. Date (mm/de	. Date (mm/dd/yyyy)		o. Amount	
									\$
3. Contributor Information					寸	Remove			
a. Full Name, Mailing Address & Phone					d. Type of Committee			g. Comments	
(include city, state, & zip)					Candidate PAC Referendum Party				
<u> L</u>					e. Level Registered (Specify)			h. Original Expenditure Date	
					Federal County: State Municipality:				
							киногрансу.	i. Original Expenditure Amt	
								\$	
b. Job Title/Profession c. Employer's Name/Specific Field				f. Purpose			j. Election Sum to Date		
<u> </u>							\$		
k. Account Code l. Form o		f Payment	m. In-Kind Descrip	ion		n. Date (mm/dd/yyyy)		<u>'</u>	o. Amount
									\$
4. Total only this P	age		.				2	\$	236.26
5. Total of ALL CI		Pages				1 1		\$	236.26
(This line must be on line 10 of Detailed Summary Page CRO-1100)									