

Disclosure Report Cover

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

COPY

Amendment

☐ Yes☒ No

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 1/27/10				
			e. Phone Number 336-725-4325				
2. Report Year 2009	3. Period Start Date (mm/dd/yy) 10/20/09	4. Period End Date (mm/dd/yy) 12/31/09 1/2/10	5. Treasurer Full Name LINDA HOBBS				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special</td><td>State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td>Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special</td></tr></table>			Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special					
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name					
8. Number of Fundraisers this Report 1							
11. Account Information							
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name					
b. Purpose CHECKING FOR RECEIPTS AND EXPENSES	c. Account Code 1	b. Purpose	c. Account Code				
	d. Period Begin Balance \$ 1501.12		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 Date 1/27/10							
FOR OFFICE USE ONLY							
Date Received: 1/27/10	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
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	\$ 1501.12	\$ 1089.61

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 56.01
6) Contributions from Individuals (CRO-1210)	\$ 272.99	\$ 7941.98
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
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)	\$ 272.99	\$ 8234.25

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 706.34	\$ 6282.55
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 422.84	\$ 1422.84
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)	\$ 218.55	\$ 427.95
17) In-Kind Contributions (CRO-1510)	\$ 272.99	\$ 699.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1620.72	\$ 9107.47
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 153.39	\$ 153.39

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

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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	
COMMITTEE TO ELECT MOLLY LEIGHT TO CITY COUNCIL					20-3558779	
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	
MOLLY LEIGHT 313 SOUTH MAIN STREET WINSTON SALEM, NC 27101 336-725-4325			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 417.47	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR	FOOD FOR COMMIT	11/03/2009	\$ 123.14	
<input type="checkbox"/>	1	CREDIT CAR	FOOD FOR COMMIT		\$ 95.41	
<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	
CHRIS CHURCH 1840 SALEM BLUFF DRIVE WINSTON SALEM, NC 27127 336-262-6048			OWNER			
			c. Employer's Name/Specific Field			
			5 STAR CAMPAIGNS, LLC			
					e. Election Sum to Date	
					\$ 54.44	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1		POST CARDS	11/04/2009	\$ 54.44	
<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					\$ 272.99	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 272.99	

Disbursements

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					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) GREEN ST METH CHURCH SHALOM PR 639 S. GREEN STREET WINSTON SALEM, NC 27101 336-722-8379				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:				e. Election Sum to Date \$ 342.84		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	O	01/12/2010	\$342.84	DONATION	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 5 STAR CAMPAIGN, LLC 1840 SALEM BLUFF DRIVE WINSTON SALEM, NC 27127 336-262-6048				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:				e. Election Sum to Date \$ 213.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B	11/05/2009	\$213.50	PRINTING POSTCARDS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) POLITICAL MARKETING INT., INC MARIANNA, FLORIDA 215-370-5509				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:				e. Election Sum to Date \$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A	11/10/2009	\$150.00	ROTO CALLS	
				\$		
5. Total only this Page					\$ 706.34	
6. Total of ALL CRO-1310 Pages					\$ 1129.18	
(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

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Amendment

☐ Yes

☐ No

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

1. Committee Full Name (and Fund if applicable)					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) FORSYTH COUNTY DEMOCRATIC PART PO BOX 20621 WINSTON SALEM, NC 27120-0621				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:		
				e. Election Sum to Date		
				\$ 80.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	C	01/09/2010	\$80.00	BREAKFAST FOR PARTY CANDIDAT	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FORSYTH COUNTY DEMOCRATIC WOMEN PO BOX 20621 WINSTON SALEM, NC 27120-0621				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:		
				e. Election Sum to Date		
				\$ 342.84		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	C	01/12/2010	\$342.84	CONTRIBUTION	
				\$		
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:		
				e. Election Sum to Date		
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
			9	\$		
				\$		
5. Total only this Page					\$ 422.84	
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)					\$ 1129.18	
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)						

Refunds/Reimbursements From the Committee

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL			20-355879	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOLLY LEIGHT 313 SOUTH MAIN STREET WINSTON-SALEM, NC 27101 336-725-4325		d. Type of Committee		h. Original Receipt Date
		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		11/03/2009
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 123.14
		f. Purpose Code		j. Election Sum to Date
		P		\$ 123.14
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
		RETIRED		1
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
CHECK		REIMBURSE FOR FOOD FOR COMMITTEE		11/03/2009 \$ 123.14
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOLLY LEIGHT 313 SOUTH MAIN STREET WINSTON SALEM, NC 27101 336-725-4325		d. Type of Committee		h. Original Receipt Date
		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		12/07/2009
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 95.41
		f. Purpose Code		j. Election Sum to Date
		P		\$ 218.55
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
		RETIRED		1
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
CHECK		REIMBURSE FOR FOOD FOR COMMITTEE		01/08/2010 \$ 95.41
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
4. Total only this Page				\$ 218.55
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 218.55
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

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Amendment
☐ Yes ☒ No

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)		b. Type of Contributor	
molly Leight 313 S. Main St. Winston-Salem, NC 27101		<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	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 415.47	
e. Description		f. Date (mm/dd/yyyy)	
food for Committee			
		\$ 123.14	
food for Committee			
		\$ 95.41	
		\$	
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	
5 Star Campaigns, LLC 1840 Salem Bluff Drive Winston Salem, NC 27127 336-262-6040		<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	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 54.44	
e. Description		f. Date (mm/dd/yyyy)	
post cards		11/04/2009	
		\$ 54.44	
		\$	
		\$	
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	
		<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	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 272.99	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 272.99	

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

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

January 27, 2010

Linda Hobbs

Committee to Elect Molly Leight for City Council

516 South Main Street

Winston-Salem, NC 27101

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

REPORT(S) IN QUESTION:

Final Report

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 exceeds period dates set out in report schedule. Dates accepted per consultation.

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: LINE 5 - \$56.01 accepted per original report. Typo of \$56.07 in last report (no correction). LINE 18 - correct typo to amount of \$9170.47.

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: _____

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:

Amendment with the CRO 1000, 1100 and necessary forms to achieve zero balance on CRO 1100. The committee status is under discrepancy, needing more information to honor the Certification to Close Committee. Check past bank statements to compare with reports in order to find unreported amounts. 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 703-2808.