Disclosure Report Cover 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
Painter For City	Council / James	Edward Painter	MCQ020
b. Mailing Address (include City, State	d. Date Filed		
131 Springdale Av	enue		July 6, 2009
Winston-Salem, NC	e. Phone Number		
			336-725-4445
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. T	reasurer Full Name
2009 July 06, 2		(y 13, 2009)	istopher Barrett Painte
6. Type of Committee (Check Or	ie) 9. Type of Re	port (check only one type	of report from one category)
Candidate Campaign Party	Municipal	State/(County	Referendum
Independent Expenditure Joint			Organizational Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
7. Type of Fund (if applicable, c)	Pre-election	Second Second	Supplemental Final
Booster Fund	neck one) Pre-runoff Semi-annual	Fourth	
Building Fund	Mid Yea		Special
Other:	Year End		10. Special Report Name
3. Number of Fundraisers this R	eport Final	Year End	Painter for
-0-		Special	City Council
1. Account Information		11. Account Information	n
. Financial Institution Full Name		a. Financial Institution Full N	ame
New Bridge Bank		New Bridge Ba	ink
.Purpose c.	Account Code	b. Purpose	c. Account Code
Campaign Funds	Jim P	Campaign Funds	
d	Period Begin Balance		d. Period Begin Balance
	100.00-02 -		\$ 100.00
ERTIFICATION			
I certify that the Committee or Fund i	s in compliance with all applic	cable provisions of Article 22	A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that n report is complete, true and correct ar	o funds are commingled with j id that I have been trained by t	prohibited or other non-discle he NC State Board of Electic	osed funds. I further certify that this
	~ (1	10-A	5118.
Christopher Barrett Printed Name of Signer		with Jainle	7/14/09
OR OFFICE USE ONLY	Signa	ature of Appointed Treasurer	Date
Date Received: 7/15	119	Thom Some	Delivery Method
Dure received. $\frac{112}{113}$	LOYEmploye	e: <u>~npy spin</u> s	🗖 Normal Mail
Date Postmarked:	Employe	e:	Registered Mail
Date Scanned:	Employe		 Hand Delivered Electronically Filed
	영화에 상태에 가지도 한다. 가지 않는 것이다. 철정한 것이다. 이미		
Date Data Entered:	Employe	Charles and the second seco	Signer has not received mandatory training
Please Note: This form com	t be used to amend committ	ee information such as the	e committee address, treasurer,
assistant trea	asurer, custodian of books in	nformation, or account inf	ormation
RO-1000 LU • 1	Statement of Ofgentiation (NC State Board	CKO-2100A-E) to make c	
	VILLE NU GRADE		August 2008
9HO.	EDEXIS		
2 the site	* I		

Detailed Summary Use this form to summarize all disclosure reporting form	ns and to total m	onetary information	Amendment
1. Committee Full Name (and Fund if applicable)	2. Type o	f Report	3. ID Number
Painter For City Council	aign	MCQ020	
Start of Election Cycle: January 1, 20	09	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100.00-0	
RECEIPTS		<u>1 +100.00FO</u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 100.00
7) Contributions from Political Party Committees	(CRO-1220)		\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ ~	\$
9) Loan Proceeds	(CRO-1410)	\$ -100.00	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	·	\$
11) Other Receipt Sources			The Second Second
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizat		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b)		•	\$ 100.00
EXPENDITURES	,110,110 and 110)	\$	\$ 100.00
3) Disbursements			A CONTRACTOR OF
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	-
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 1		\$	\$
(Add lines 4 and 12 together, ther		* · · · · · · · · · · · · · · · · · · ·	
DDITIONALINFORMATION		\$ 100.00	\$ 100.00
)) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
) Outstanding Loans (incl. ones from other campaign	us) (CRO-1430)	\$	AND STREAM HIM
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
) Account Transfers Within the Committee	(CRO-1720)	\$	And the second second
) Administrative Support	(CRO-1710)	\$	\$
) Forgiven Loans		\$	\$
) 48-Hour Notice Reports Sum	(CRO-2220)		\$
) Contributions to be Refunded	(CRO-1215)		\$

Co Use	ntributions 1 this form to report	from Individu individual contribut	als ions over \$50 or o	contributions u	Pg <u>1</u> of inder \$50 if form	_1 CRO	Amendment Yes 1205 is not u	No sed
<u>1. C</u>	ommittee Full Na	me (and Fund if ap	plicable)	÷			ID Number	304
	Painter For (City Council					MCQ020	
2000000000	ontributor Inform	and the second			Remove			
2	l Name, Mailing Addı lude city, state, & zip			b. Job Title/Pro		d . 1	Comments	
-	(include city, state, & zip) Jim Painter 131 Springdale Ave, Winston-SAlem, NC. 27104			OWNEr c. Employer's Name/Specific Field Contempo Concepts, Inc				
							e. Election Sum to Date	
		27/	104	Conce	epts, Lac	- \$	100 4	1 C
1. Prio	r g. Account Code	n. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/y	ууу)	k. Amount	
	JEP Jin	P Cash			7-13-09	•	\$ 100	00
							\$	
		· · · · · · · · · · · · · · · · · · ·			1		\$	
3. Co	itributor Informa	tion		Add 🗖 Re	emove		~*	-
	Name, Mailing Addre Ide city, state, & zip)	ss & Phone		b. Job Title/Profe		d. Co	omments	
(men	ide city, state, & zij)	<u></u>						
				c. Employer's Na	me/Specific Field			
						e. Ele	ection Sum to Da	ite
						\$	<u></u>	
f. Prior	g. Account Code	n. Form of Payment	i. In-Kind Description	on	j. Date (mm/dd/yy	ry) 1	c. Amount	
						T	\$	
							\$	
							\$	
	ributor Informati			dd 🔲 Ren	iove]		
	ame, Mailing Address e city, state, & zip)	& Phone	<u>b.</u>	Job Title/Profes	sion	d. Con	nments	
(Inclus								
			c,	Employer's Nam	e/Specific Field			
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						\$		
	g. Account Code h.	Form of Payment i.	In-Kind Description	i j	. Date (mm/dd/yyyy) k.	Amount	
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	of ALL CRO	-1210 Pages	CRO 1100)			\$	10000	