

# Disclosure Report Cover

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.

<b>1. Committee Information</b>	
a. Full Name ELECT ROBERT BARR	c. ID Number 8-CQF-B-9
b. Mailing Address (include City, State and Zip Code) 1966 WATERFORD VILLAGE DR. CLEMMONS, NC 27012	
e. Phone Number	

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 10/17/2010	4. Period End Date (mm/dd/yy) 12/31/2010	5. Treasurer Full Name DARLENE SHELTON
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 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 checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name BB&T	a. Financial Institution Full Name	b. Purpose CAMPAIGN CONTRIBUTIONS AND EXPENSES	b. Purpose
c. Account Code 1	c. Account Code	d. Period Begin Balance \$	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.

DARLENE C. SHELTON Darlene C Shelton 01/13/2011  
 Printed Name of Signer Signature of Appointed Treasurer Date

## FOR OFFICE USE ONLY

Date Received: <u>1/13/11</u>	Employee: <u>Judy Speer</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> 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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
ELECT ROBERT BARR		2010 Fourth Quarter		8-CQF-B-9	
<b>Start of Election Cycle: January 1, 2010</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 1,176.75		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 45.00		\$ 45.00	
6) Contributions from Individuals (CRO-1210)		\$ 500.00		\$ 7,773.99	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 250.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 10.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund- Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 545.00		\$ 8,078.99	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 949.11		\$ 2,817.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 2,500.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 800.00		\$ 966.13	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 1,822.99	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,749.11		\$ 8,106.35	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (27.36)		\$ (27.36)	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
ELECT ROBERT BARR					8-CQF-B-9	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Check		10/20/2010	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Check		10/25/2010	\$ 20.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 45.00	
5. Total of ALL CRO-1205 Pages					\$ 45.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

CRO-1205

NC State Board of Elections

April 2007

# 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

<b>1. Committee Full Name (and Fund, if applicable)</b>						<b>2. ID Number</b>	
ELECT ROBERT BARR						8-CQF-B-9	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
VENETIA BARBOUR 4479 MORATOCK LN. CLEMMONS, NC 27012				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/22/2010		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KATHY H. CASTEVENS 220 BROOKFOREST DR. WINSTON-SALEM, NC 27012				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/18/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FEYISETAN JEGEDE 6147 CHAMBERLAIN PL. APT. 201 WINSTON-SALEM, NC 27103				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>			
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/30/2010		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 500.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
ELECT ROBERT BARR				8-CQF-B-9	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
WILLIAM T RYERSON 1954 WATERFORD VILLAGE DR. CLEMMONS, NC 27012			<b>c. Employer's Name/Specific Field</b>		
					<b>e. Election Sum to Date</b>
					\$ 125.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		11/03/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 50.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 500.00

CRO-1210

NC State Board of Elections

April 2007

# 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	
ELECT ROBERT BARR						8-CQF-B-9	
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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CHRIS CHURCH 19W. HARGETT ST. #900 RALEIGH, NC 27601							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Electric Funds Tran	C	11/10/2010	\$ 600.00	FUNDRAISING		
				\$			
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	
KING INTERNATIONAL CORPORATION 275 S. MAIN ST. KING, NC 27021 (336) 983-5171							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,517.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	11/01/2010	\$ 349.11	YARD SIGNS		
				\$			
5. Total only this Page						\$ 949.11	
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)						\$ 949.11	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

CRO-1310

NC State Board of Elections

December 2009

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
ELECT ROBERT BARR				8-CQF-B-9	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ROBERT LEE BARR 1966 WATERFORD VILLAGE DR. CLEMMONS, NC 27012			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/07/2010
					<b>i. Original Receipt Amount</b>
					\$ 689.17
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PASTOR		AGAPE FAITH CHURCH		L	
				<b>j. Election Sum to Date</b>	
				\$ 3,356.86	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check			11/10/2010	\$ 500.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ROBERT LEE BARR 1966 WATERFORD VILLAGE DR. CLEMMONS, NC 27012			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/09/2010
					<b>i. Original Receipt Amount</b>
					\$ 2,500.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
PASTOR		AGAPE FAITH CHURCH		P	
				<b>j. Election Sum to Date</b>	
				\$ 3,356.86	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	REIMBURSEMENT		12/09/2010	\$ 300.00
<b>4. Total only this Page</b>					\$ 800.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 800.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kin      O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

For Office Use Only:  
Follow-Up Date \_\_\_\_\_  
Reviewed by \_\_\_\_\_

**CAMPAIGN REPORT DISCREPANCIES  
REPLY REQUIRED**

January 14, 2011

Darlene C. Shelton  
Elect Robert Barr  
5696-B Styers Ferry Road  
Clemmons, NC 27012

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

REPORT(S) IN QUESTION:  
Fourth Quarter

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: Period Begin Balance = \$1,176.75

**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:



### 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: Provide all occupation and employer information for Barbour, Castevens, Jegede and Ryerson.

### 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, 1210s. Previous report forms are unnecessary in this report. Report balance is negative. The Certification of Late Reports was sent to the State Board for two days late. 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](http://www.sboe.state.nc.us). If you need assistance with this matter please contact Judy Speas at (336) 703-2808.