COPY

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.

1. Committee Information

a. Full Name	c. ID Number
Hill for School Board	ICQX24
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
5332 Weather Ridge Rd Kernersville NC 27284	6/23/10
	e. Phone Number
	408-1651

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4/18/10	6/23/10	Curtis S. Rathburn

6. Type of Committee (Check One)

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

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☒ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
High Point Bank	
b. Purpose	**c. Account Code**
Campaign Finance	1
	d. Period Begin Balance
	$ 496.58

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

2010 JUN 23 AM 11:12 RECEIVED FORSYTH COUNTY BOARD OF ELECTIONS

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.

Curtis S. Rathburn		6/23/10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	6/23/10	Employee:	Judy Spears	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☒ Hand Delivered
Date Data Entered:		Employee:		☐ 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

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 496.58	$ —
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 1945.51	$ 3459.54
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)	$	$
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)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 1945.51	$ 3459.54
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 752.93	$ 1252.93
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 718.11	$ 771.53
17) In-Kind Contributions	(CRO-1510)	$ 971.05	$ 1435.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2442.09	$ 3459.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 0	$ 0
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-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Contributions from Individuals

Pg 1 of 3 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
Hall For School Board	ICQX24

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Martha Holmes 27105 3170 Shaftesbury Lane Winston-Salem, NC	Education c. Employer's Name/Specific Field WSFCS	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
☐	1	Check		5/3/10	$ 50.00
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jim Muse 1605 Miller St Winston-Salem 27103	Educator c. Employer's Name/Specific Field WSFCS	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
☐	1	Paypal		5/12/10	$ 154.46
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Curt Rathburn 5332 Weather Ridge Rd Kernersville, NC 27284 408-1651	Retired Educator c. Employer's Name/Specific Field	e. Election Sum to Date $ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		5/7/10	$ 70.00
☐					$
☐					$

4. Total only this Page	$ 274.46
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 2 of 3 — 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
Hill for School Board	ICQX24

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carolyn Layton 4672 Ebert Rd Winston-Salem, NC 27127	Educator	WSFCS		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		4/29/10	$ 100 00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gaye Weatherman 275 Bell Brand Rd Mocksville NC 27028 492-7334	Educator	WSFCS		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		4/29/10	$ 500 00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kathy Priddy 595-3372 8991 Deerhill Rd Belews Creek, NC 27009	Educator	WSFCS		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	1	check		4/29/10	$ 100 00
☐					$
☐					$

4. Total only this Page	$ 700 00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of 3

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): Hill for School Board

2. ID Number: ICQX24

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ron McKinney 5005 Country Oaks Ct Greensboro, NC 27455 682-0390	UniServe Dir	North Carolina Assoc of Educ		$ 1170.29

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	*	in-kind	brochures	4/28/10	$ 354.68
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Stanford R Hill 655. N. Spring St Winston-Salem, NC 27107 416-7747	Assoc Prof	WFUBMC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		in-kind	lunch w/ potential funders	4/23/10	$ ~~119.26~~ 65.84
☐		in-kind	Supplies	4/24/10	$ 89.25
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ronale McKinney				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			ad in Knville News	5/3/10	$ ~~116.28~~ 461.28
☐					$
☐					$

4. Total only this Page	$ ~~354.68~~ 926.05	
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~1329.74~~	~~509.77~~ ~~1184.25~~ ~~1200.51~~ ✓ 1945.51

Disbursements

Pg 1 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
Hill for School Board	ICQX24

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

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Kenny Thompson 578 Arbor Hill Rd Kernersville, NC 27284		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 400

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Cash	A E	5/3/10	$ 400.00	Dancing Advertisement
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Miki Sprague 5332 Weather Ridge Rd Kernersville, NC 27284 408-8552		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Cash	A E	5/10/10	$ 50.00	putting out signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Staples 210 Harmon Creek Rd Kernersville, NC 27284 993-7474		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 198.93

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	4/20/10	$ 198.93	Large Sign
				$	

5. Total only this Page	$ 648.93
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**	**Q* - Donation to Legal Expense Fund**
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
Hill for School Board	ICQX24

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

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Andy Brewer 1809 Gaston St Winston-Salem, NC 27103	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 54.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	5/3/10	$ 54.00	Work on Website
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
North Carolina Eschart Fund 806 N. Harrington St Raleigh, NC 27603 919 733-7177	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	Cash Violation e. Election Sum to Date $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	J	6/23/10	$ 50.00	~~Cash violation~~
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
				$	
				$	

5. Total only this Page	$ 54.00
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)*	$ ~~698.93~~ 702.93 752.93

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)**

Refunds/Reimbursements From the Committee

Pg 1 of 2

Amendment ☐ 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
Hill for School Board	ICQX24

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Ronald R. McKinney 5005 Country Oaks Ct. Greensboro, NC 27455 682-0390	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	3/19/10
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 500-
	f. Purpose Code: L	j. Election Sum to Date: $ 88.04

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
UniserveDir	NCAE		1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Return of contribution	6/21/10	$ 88.04

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Curtis Rathburn 5332 Weather Ridge Rd Kernersville, NC 27284 408-1651	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	5/7/10
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ ~~70.00~~ 13.70
	f. Purpose Code: L	j. Election Sum to Date: $ ~~70.00~~ 13.70

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Retired			1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Return of contribution	6/23/10	$ ~~70.00~~ 13.70

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Ronald R. McKinney 5005 Country Oaks Ct Greensboro, NC 27455	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	5-7-10
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 461.28
	f. Purpose Code: P	j. Election Sum to Date: $ 549.32

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Uniserve	NCAE		1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Reimburse add to News	5-7-10	$ 461.28

4. Total only this Page	$ ~~[illegible]~~
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-3100)	$ ~~[illegible]~~ 963.02

6. Purpose Codes (List detailed disbursement codes in (l) above)

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)

Refunds/Reimbursements From the Committee

Pg 2 of 22

Amendment ☐ 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
Hill for School Board	FCQX24

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Stanford R. Hill 655 N. Spring St Winston-Salem, NC ~~27284~~ 27107 416 7747	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	~~4/23/10~~ ~~5/7/10~~ 4/23/10
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 65.84
	f. Purpose Code: P	j. Election Sum to Date: $
b. Job Title/Profession: Assoc Prof	c. Employer's Name/Specific Field: WFUBMC	g. Comments:	k. Account Code: 1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse lunches/postage/supplies	5/7/10	$ 65.84

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Standford R. Hill (Same as above)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	4/21/10
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 89.25
	f. Purpose Code:	j. Election Sum to Date: $
b. Job Title/Profession:	c. Employer's Name/Specific Field:	g. Comments:	k. Account Code: 1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimburse for supplies	5/3/10	$ 89.25

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $
b. Job Title/Profession:	c. Employer's Name/Specific Field:	g. Comments:	k. Account Code:

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 155.09
5. Total of ALL CRO-1320 Pages * (This line must be on line 1(c) of Detailed Summary Page CRO-1100)	$ ~~718.11~~ 718.11

6. Purpose Codes (List detailed disbursement code in (f) above)

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

Pg ____ of ____

Amendment ☐ 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)	2. ID Number
Hall for School Board	ICQ X24

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ronald R. McKinney 5005 Country Oaks Ct Greensboro, NC 27455	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
brochures	4/28/10	$ 354.68
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Stanford R. Hall 655 N Spring St Winston-Salem NC, 27101	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
lunch with potential fundraiser	4/23/10	$ 65.84
Supplies	4/24/10	$ 89.25
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ronald R. McKinney 5005 Country Oaks Ct Greensboro, NC 27455	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
ad in Kernersville News	5/3/10	$ 461.28
		$
		$

4. Total only this Page	$ 971.05
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-3100)*	$ 971.05