

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

COPY

1. Committee Information		c. ID Number
a. Full Name Sherrill for School Board		FCQM52
b. Mailing Address (include City, State and Zip Code) c/o Nancy Sherrill 170 Ashton Place Circle Winston-Salem, NC 27106		d. Date Filed 04/26/10
		e. Phone Number 336-922-7250

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 02/10/10	4. Period End Date (mm/dd/yy) 02/19/10	5. Treasurer Full Name Stephen Douglas Kirkman
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Branch Banking & Trust (BB&T)		a. Financial Institution Full Name	
b. Purpose Record Donations and Disbursement	c. Account Code GPK125	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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.

Stephen D. Kirkman

Printed Name of Signer

Signature of Appointed Treasurer

04/24/10

Date

FOR OFFICE USE ONLY

Date Received: 6/2/10
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: Judy Spear
Employee: _____
Employee: _____
Employee: _____

Delivery Method

☒ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ 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

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	
Sherrill for School Board		Organizational		FCQM52	
Start of Election Cycle:		January 1,		2010	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 0.00	
6) Contributions from Individuals		(CRO-1210)		\$ 1,595.00	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 0	
9) Loan Proceeds		(CRO-1410)		\$ 0	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$ 0	
11c) Outside Sources of Income		(CRO-1250)		\$ 0	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$ 0	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 1,595.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 0	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 0	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 0	
15) Loan Repayments		(CRO-1420)		\$ 0	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$ 0	
17) In-Kind Contributions		(CRO-1510)		\$ 95.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 95.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 1,500.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 0	
22) Debts and Obligations owed By the Committee		(CRO-1610)		\$ 0	
23) Debts and Obligations owed To the Committee		(CRO-1620)		\$ 0	
24) Account Transfers Within the Committee		(CRO-1720)		\$ 0	
25) Administrative Support		(CRO-1710)		\$ 0	
26) Forgiven Loans		(CRO-1440)		\$ 0	
27) 48-Hour Notice Reports Sum		(CRO-2200)		\$ 0	
28) Contributions to be Refunded		(CRO-1215)		\$ 0	

In-Kind Contributions

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	
Sherrill for School Board		FCMQ52	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Nancy Sherrill 170 Ashton Place Circle Winston-Salem, NC 27106		<input checked="" type="checkbox"/> Individual	Filing Fee
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 95.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
\$95.00 filing fee		02/19/2010	\$ 95.00
			\$
			\$
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	c. Comments
		<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	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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	c. Comments
		<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	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 95.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 1 of Detailed Summary Page CRO-1100)		\$ 95.00	