Disclosure Report Cover

Yes Use this form for general report and committee information, must be signed and submitted along with other detailed forms. mation not use this form to undate infor

Amendment

 \boxtimes

No

Do not use this form to u				
1. Committee Informati	on			
a. Full Name				e. ID Namber
Tackabery for School Bo	bard		COPV	B1Y436
b. Mailing Address (include C	ity State and Tin Cade			d. Date Filed
3109 Gladstonbury Road				t. Date theu
Winston-Salem, NC 2710				01/03/2011
,,,				e. Phone Number
				336-760-3248
2. Report Year 3. P	eriod Start Date com/	and the Period	End Date 5. Treasurer F	ull Nama
		(mm/dd/yy	the second s	
2010	10/17/2010	12/	31/2010 Marianne D. B	ach
6, Type of Committee (C	had Onas	9 Experie Report		
Candidate Campaign	Party	Municipal	t Check only one type of rep State/County	Referendum
	Referendum	Organization		Organizational
Independent	Joint Fundraiser	Thirty-five da		
Expenditure	John Pundraiser		y Quarterly	Pre-referendum
Legal Expense Fund	oplicable checkame)	Pre-primary		
"Booster Fund"		Pre-primary Pre-election	First Second	Final
Building Fund		Pre-runoff	Third	Supplemental Final
		Semi-annual	Fourth	Special S
		Mid Yea		
Other:		Year End	d 🗌 Mid Year	10. Special Repairs Name
		Final	Year End	
8. Number of Fundraisen	s this Report	Special	Final	
			Special	
11. Account Information		No. Contraction of the	LL Account Information	Q P
a. Financial Institution Full Nat			a. Financial Institution Full Name	
Southern Community Ban	an ann a bha an ann a bha an bha an bha an ann an ann an bha ann ann an ann an ann an an ann an an			(2)
b. Purpose	c. Account Code		b. Parpose	c. Account Code
Fundraising	SCE	3		
Expenses				
	d. Period Begin Balance			d. Period Begin Balance
	\$ 406.69			(s
CERTIFICATION				
	or Fund is in complia	nce with all applica	ble provisions of Article 22 A 22	B, & 22D-22M of Chapter 163 of
the NC General Statutes an	d that no funds are con	mingled with proh	ibited or other non-disclosed fund	B, & 22D-22M of Chapter 163 of Is. I further certify that this report
is complete, true and correct	t and that I have been	trained by the NC S	state Board of Elections	is. I further certify that this report
Marianne D. Bach		' ANO	rianned Sach	December 31, 20
	ed Name of Signer	Si	gnature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	.1 1		. 1	
Date Received:	<u> 1/10/11</u>	Employee:	Juduspart	Delivery Method
	11		$\overline{\mathcal{O}}$	Normal Mail
Date Postmarked:		Employee:		Registered Mail
Date Scanned.		17 -2 - 4		Electronically Filed
Daic Scattice.		Employee:		Signer has not received
Date Data Entered.		Employee:		mandatory training
		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 Use this form to summarize all disclosure reporting forms and to total monetary information.

Ame	ndment	
	Yes	\boxtimes

No

Tackabery for School Board	2 Type of Report 2010 4 th Quarter 8 Final report		3. III Number B1Y436
Start of Election Cycle: January 1,	2007	Total this	Total this
4) Cash on Hand at Start	· · · · · · · · · · · · · · · · · · ·	Reporting Period \$ 406.69	Election Cycle 4 \$ 1452.01
RECEIPTS AND			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 197.24	\$ 859.13
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 100.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 300.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$.06	\$ 7027
11b) Contributions from Not-for-Profit Organization	ns (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,	lld and lle)	\$ 197.30	\$ 1266.40
EXPENDITURES			
13) Disbursements	***		
13a) Operating Expenditures	(CRO-1310)	\$ 209.51	\$ 1400.15
13b) Contributions to Candidates/Political Committe	es (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)	\$ 197.24	\$ 659.13
17) In-Kind Contributions	(CRO-1510)	\$ 197.24	\$ 659.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 603.99	\$ 2718.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ -0-	\$ -0-
AUDITIONAL 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)	\$	Second Building Concerns
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	5	\$
26) Forgiven Loans	(CRO-1440)	B	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	5	\$
28) Contributions to be Refunded	(CRO-1215)	5	\$

Contributions from Individuals

Pg _____ of

Amendment Yes

No

the second s		dividual contributions		50 or contributions un	der \$50 if form CF	RO 1205 is 1	tot used	
1, Com	mittee Kull Name	and kund if applic	able)			2.40 %		
Tackabe	ery for School Boa	urd					B1Y436	
3. Cont	ributor Informat	ioo sa constantes	- M	Add R	anove s			
a. Full Na	une, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	e city, state, & zip)			School Board me	mber and	1		
	ackabery			candidate				
1	adstonbury Road	_		c. Employer's Name/S	ipecific Field			
	-Salem, NC 27104	4		matroat				
336-768	-2301			WS FC School be	Dard	e. Election	Sum to Date	
						\$	644.39	
f. Prior	g. Account Code	h. Form of Payment	3. In 3	Kind Description	J. Date (mm/dd/y)	yy)	k. Amount	
	SCB	check	Rep	ublican ad	10/31/2	010	\$	100.00
	SCB	credit car d.	gas	expense j	vario	us	\$	82.50
					· · · · · · · · · · · · · · · · · · ·		\$	
3. Contr	ibutor Informati	UA States	. 🛛 .	Add [] Re	move			
	ne, Mailing Address .	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip) e D. Bach							
	chcliff Court			volunteer				
	-Salem, NC 27104			c. Employer's Name/S	pecific Field			
336-760-						e. Election §	Sum to Data	
						\$	14.74	
f. Prior	g. Account Code	h. Form of Psyment	1. Jn-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	SCB	cash	stam	ps/envelope	11/15/20		\$	14.74
							\$	_
						······································	\$	
3. Contri	butor Informatio	n	<u> </u>	Add [] . Rei	nove	a data da		
	ıc, Mailing Address &	r Phone		b. Job Title/Profession		d. Comment	8	
(include o	ity, state, & zip)							
				c. Employer's Name/Sp				
					extric Field			
						e. Election S	am to Date	
						\$ / .		
C. Prior	g. Account Code	h. Form of Payment	i In-K	nd Description	j. Date (mm/dd/yyy	y)	k. Amount	
							\$	
							\$	
							\$	-
l. Total	only this Page					\$		197.24
S-101-0 - 113-11-1	of ALL CRO-	1210 Pages called Summary Page ()	0.000			\$		197.24
ALL BOOKST COMPANY SERVICE	THE OWNER AND A DESCRIPTION OF A DESCRIP	THE REAL PROPERTY AND ADDRESS OF THE	and the second second second second	The second s	CONTRACTOR OF THE OWNER OF THE OWNER			

	eipt Sources	rted on another form. i.e. interes	Pg st income	<u>1</u>	of for profit co	1	Amendment Yes ntions etc		No
TANKAR STATE OF THE STATE OF TH	Roll Name (and Fund i			, not ;			D Numier	7436	
3. Type of Rec	cipt Source	(Please use separate (RO-1)	CONTRACTOR DOCTOR		and an industrial state of the second state of the	a an sharebut areas	wynt Source. utside Sources o		
4. Contributor a. Full Name, Mal (include city, sta Southern Corm PO Box 26134	ling Address & Phone de, & zip) munity Bank	orv FT			Reff) Ri Federal II rce Explanat)H	d. Commen	tə	
Winston-Salen 336-794-9911						KAI.	s. Election : \$ 7.2		8
f: Account Code SCB	g. Form of Payment autodeposit	h. In-Kind Description		L D	ate (mm/dd/y	ууу)	j. Amount		
SCB	autodeposit				10/29/201	0	\$.04	
					11/30/201	0	. \$.02	
4. Contributor a. Full Name, Mall (include city, stat	ng Address & Phone	D. Add	h. Not-f	or-Prol	[]] Rem it Federal ID	0000 636-000	d. Comment	<u>s</u>	29 A. S. S.
			c Outsi	de Som	ve Explanati	оп	e. Election S	um to Date	
f. Account Code	g. Form of Payment	h. In-Kind Description		ī. Da	te (mm/dd/y)	<u>99)</u>	j. Amount \$		
4. Contributor 1	and the second	Add			L Rema	30/c 20/c 20	\$		
a. Fui Name, Main (include city, state	ig Address & Phone ; & zip)		b. Not-fo	r-Profi	t Federal ID	#	d. Comment		
			c. Outsid	e Sour	ce Explanatio	n N			
							e. Election St	m to Date	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Dat	e (mm/dd/yy	yy)	j. Amount		
							\$		
5. Total only t							\$		
6. Total of AL (This line goes in th (This line goes in th	L CRO-1250 Pages no 110 of Detailed Summary no 110 of Detailed Summary					9			

CRO-1250

 \sim

Amendment

Yes

 \boxtimes No

Pg of <u>1</u> 1 Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

Disbursements

	Full Name (and Kur	d if applicable)			2.1D Number D1V426
Tackabery for					B1Y436
Operating 1	A NUMBER OF A DESCRIPTION OF A DESCRIPTI		RO-1310 (orms for ed ndidates/Political Committee		ordinated Party Expenditures
4. Pave Inform				Remove	Contractor (143) Experimentes
THE REPORT OF A DESCRIPTION OF A	ing Address & Phone		b. Coordinated Committ		d. Comments
(include city, state					
City of Winsto			l		
PO Box 2756			c. Level Registered (Spec	šífy)	
	ь, NC 27102-2756		Federal	County:	
336-727-2628				Municipality:	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
					sign fine
SCB	check	J	10/31/2010	\$50.00	
				\$	
4. Payer Inform	nation		Add	Remove	l Status (Status)
Resources the transfer on the state of the state of the	ing Address & Phone		b. Coordinated Committe		d. Comments
(include city, state,	and the second states and the second states and the			and a subserve and the subserve and a subserve spin.	
Southern Comn	ounity Bank				
PO Box 26134			c. Level Registered (Spec	ity)	
	, NC 27114-6134		Federal [County:	
336-768-8500			State	Municipality:	e. Election Sum to Date
					\$ 6.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SCB	debit	0	11/30/2010	\$6.00	bank service
		-			charge
				\$	
4. Pavee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committe		d. Comments
(include city, state,)	& zip)		<u> </u>		
School Buddies					
601 N. Cherry S	treet		c. Level Registered (Speci		
Suite 300	NO 07101		Federal	County:	
Winston-Salem, 336-748-4025	NC 2/101		L State	Municipality:	e. Election Sum to Date
550-740-4025					\$ 153.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
SCD	ahaala	0			donation to
SCB	check	0	12/10/2010	\$153.51	close account
				\$	
5. Total only thi			1		e 200 51
A Designed and the advectory of the second	CRO-1310 Pages				\$ 209.51
	ine 13a of Detailed Sumi	nary Page CRO-1100	if Operating Expenses)		
			if Contrib to Candidates/Pol	litical Comm)	\$ 209.51
			if Coordinated Party Expen	ditures)	
	s (List detailed exp	A DOME CONTRACTOR OF A DOMESTIC PROPERTY			
A*-Media E - Salaries	B* - Printing F* - Equipment	C* - Fundr G - Political		D - To Anothe	r Candidate Public Office Expenses
I - Postage	J - Penalties	K*-Office			to Legal Expense Fund
O* - Other					
* Codes require	detailed explanation	in in cominat rea	narks field (k)		

Refunds/Reimbursements From the Committee

ł

1 of

<u>1</u>

Amendment \boxtimes Yes

No

Refunds/Reimbursements From	the Committee	Pg	1	of
Use this form to report refunds/reimbursements	, including contributions returned	to the c	ontrib	utor.

1. Committee Full Tackabery for School Bo		und a applicable)			2. ID Number B1Y436
3. Payee Informati			dd 🗌 Remove		
a. Full Name, Mailing /	VERO MALA ALCONTRA	e	d. Type of Committee	1	h. Original Receipt Date
(include city, state, & Jill A. Tackabery	(AP)		Candidate		10/31/2010
4109 Gladstonbury Road	1		C. Level Registered (Spe	Party	i. Original Receipt Amount
Winston-Salem, NC 2710				County:	Exoriginal Severpe Ashount
336-768-2501			State	Municipality:	\$ 100.00
			f. Purpose Code		j. Election Sum to Date
			P	and the state of the state of the state of the	\$ 100.00
b. Job Title/Profession					
		c. Employer's Name/Specific Field	g. Comments paid campaign expense		k Account Code
candidate			Print margin emposito		SCB
			with personal funds		· · ·
1. Form of Payment	m. Required]			n. Date (mm/dd/y	yy) o. Amount
check	repayment of a	id cost		10/31/2010	\$ 100.00
3. Payce Informatio	m Second		dd		
a. Full Name, Mailing A			d. Type of Committee		h Original Receipt Date
(include city, state, &			Candidate	7 PAC	various
Jill A. Tackabery			Referendum	Party	Tailous
4109 Gladstonbury road			e. Level Registered (Spec	ity)	i. Original Receipt Amount
Winston-Salem, NC 2710	14		Federal 🛛	County:	\$ 82.50
336-768-2501			State	Municipality:	
			f. Purpose Code		j. Election Sum to Date
			P		\$ 82.50
o. Jøb Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
candidate			pay for gas		SCB
Form of Payment					
ash	m. Required R repayment for	centar ks		n. Date (mm/dd/yy	yy) 0. Amount
	gas expense			12/10/2010	\$ 82.50
). Payee Information	8		d [] Remove		
i. Full Name, Mailing Ad			d.Type of Committee		h. Original Receipt Date
(include city, state, & 2	ip)		Candidate	PAC	
Marianne Bach			Referendum	Party	11/15/2010
32 Beechcliff Court Vinston-Salem, NC 27104	1		e. Level Registered (Speci		i. Original Receipt Amount
36-760-3248	r		Federal X	County: Municipality:	\$ 14.74
			L Purpose Code	Muncipanty.	j. Election Sum to Date
			P		
					\$ 14.74
			g. Comments		k. Account Code
Job Title/Profession		c. Employer's Name/Specific Field			
Job Tille/Profession		C Employer's Name Specilic Field	pay for stamps/envelopes		SCB
	m. Required Re		pay for stamps/envelopes	n. Date (mm/dd/vy	
olunteer Form of Payment		marks	pay for stamps/envelopes	n. Date (mm/dd/yyy 12/10/2010	y) o. Amount
olunteer Form of Payment ish	m Required Re stamps and enve	marks	pay for stamps/envelopes		y) o. Amount \$ 14.74
olunteer Form of Payment ish Total only this Pay	m. Required Re stamps and enve	marks			y) o. Amount

In-Kind Contributions

of <u>1</u>

Amendment \boxtimes Yes

No

 \square Pg 1 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.

Use CRO-1215 if In-Kind Contributions were or will be refunded Committee Full Name (and Fund if applicable) Tackabery for School Board	WILLIN		ys.	<u>9281</u>	DANNE	ber B1Y436	
 a. Full Name, Mailing Address & Phone (include city, state, & zip) Jill A. Tackabery 4109 Gladstonbury Road Winston-Salem, NC 27104 336-768-2501 		pe of C Indi Can Part PAC Refe	zrendum er Receipt Source	d Ei	644.	un to Date 39	
e. Description paid for Republican ad			E Date (mm/dd/yy 10/31/2010		g. Fai \$	r Market Am 100.00	ount
auto/gas expense			various		\$	82.50	
3. Contributor information	Control				\$		
a. Full Name, Mailling Address & Phone (include city, state, & zip) Marianne Bach 332 Beechcliff Court Winston-Salem, NC 27104336-760-3248		e of C Indiv Cand Party PAC Refe			cetion Su	m to Date	
e. Description bought envelopes and stamps			f. Date (mm/dd/yyy			Market Amo	wint
			11/16/2010	• 	\$ \$ \$	14.74	
3. Contributor Information		Indivi Candi Party PAC Refere	idate		aments	n to Date	
e. Description			f. Date (nm/dd/yyy	<u>9)</u>	g. Fair \$	Market Amo	uret
			······································		\$		
					\$		
4 Total only this Page]		\$	197.2		