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
Committee To Elect Jim Taylor	ØCQUAC
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. Box 25333 Winston-Salem, N.C. 27114-5333	07/12/10
	e. Phone Number
	336-768-8217

FORSYTH COUNTY BOARD OF ELECTIONS 2010 JUL 12 PM 4:39 RECEIVED

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	04/18/2010	06/30/2010	Shawn Dixon Angell

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		c. Account Code
Fidelity Bank		T00
b. Purpose		d. Period Begin Balance
Campaign Checking Account		$ 1896.77

11. Account Information

a. Financial Institution Full Name		c. Account Code
b. Purpose		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.

Shawn Dixon Angell (Printed Name of Signer) — Shawn Dixon Angell (Signature of Appointed Treasurer) — 7/12/10 (Date)

FOR OFFICE USE ONLY

Date Received:	7/12/10	Employee:	Judy Speas
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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.

COPY

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
Committee To Elect Jim Toole	Second	ØCQVAC

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1896.77	$ Ø
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 675.00	$ 1845.00
6) Contributions from Individuals	(CRO-1210)	$ ~~1804.98~~ 1797.98	$ 7937.16
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)	$ 342.50	$ 342.50
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)	$	$
11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ ~~2822.48~~ 2815.48	$ ~~10,121.66~~ 10,114.66
EXPENDITURES			
13) Disbursements		2328.40	
13a) Operating Expenditures	(CRO-1310)	$ ~~2381.~~	$ 3409.45
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)	$ 547.98	$ ~~2675.16~~
17) In-Kind Contributions	(CRO-1510)	$ 547.98	$ 2842.16
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 3424.36	$ 8926.77
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 1287.89	$ 1287.89

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-2200)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

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
Committee To Elect Jim Toole	ØCQVAC

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	TOO	Check		04/18/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/18/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/15/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/18/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/06/10	$ 20.00
☐ Add ☐ Remove	TOO	Check		04/09/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/13/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/13/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/26/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/16/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/27/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/22/10	$ 20.00
☐ Add ☐ Remove	TOO	Check		04/15/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/12/10	$ 20.00
☐ Add ☐ Remove	TOO	Check		04/28/10	$ 50.00
☐ Add ☐ Remove	TOO	Check		04/25/10	$ 15.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 675.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 675.00

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
Committee To Elect Jim Toole	Ø COVAC

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
Bernice Gaither 2400 Greenwich Road Winston-Salem, N.C. 27104	Hairdresser	Self-Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO	Check		04/09/10	$ 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
Baldwin Smith 160 Charlois Blvd. Winston-Salem, N.C. 27103	Physician	Wake Forest University Medical Center		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO	Check		04/17/10	$ 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
Elizabeth Felts 3335 Paddington Lane Winston-Salem, N.C. 27106-5433	Retired			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO	Check		04/15/10	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~1250.00~~

1797.98

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
Committee To Elect Jim Toole	C CQ VAC

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
John Mckinnon 2020 Virginia Road Winston-Salem, N. C. 27104	Retired			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO	Check		04/19/10	$ 250.00
☐					$
☐					$

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
Henry S. Miller 920 Greenwood Road Winston-Salem, N. C 27106-5603	Physician	Wake Forest University Medical Center		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO	Check		04/26/10	$ 200.00
☐					$
☐					$

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
Shawn Angell 4021-M Whirlaway Ct. Clemmons, N.C. 27012	Option Trader	Self-Employed		$ 97.31

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO		Direct Mail Postage	05/04/10	$ 97.31
☐					$
☐					$

4. Total only this Page	$ ~~456.00~~ 547.31
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~1250.00~~ 1504.98

1797.98

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)	2. ID Number
Committee To Elect Jim Toole	ØCQVAC

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
Jim Toole 109 Shadylawn Drive Winston-Salem N.C. 27104	Actvary	MBA Actuaries		$ 2170,84

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TOO		Photographer-Fundraiser, Payment	05/27/10	$ 100.00
☐	TOO		Alpha Graphics Invoice	05/27/10	$ 350,67
☐					$

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
				$

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

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
				$

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

4. Total only this Page	$ 450.67
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~1804.98~~ 1797.78

Disbursements

 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): Committee To Elect Jim Toole

2. ID Number: ØC QVAC

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
Alpha Graphics 8100 North Point Blvd. Winston-Salem, N.C. 27105	Committee To Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 726.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	B	04/30/10	$ 726.70	Invoice 63447 Name Tags/ Palm Cards
				$	

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
Sign Now 246 Jonestown Road Winston-Salem, N.C. 27104		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 918.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	B	04/30/10	$ 778.50	Yard Signs - Invoice 4676
T001	Check	B	05/24/10	$ 138.20	Banner Invoice 4518

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
Megan Harrison Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee To Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll Worker Salary for day
				$	

5. Total only this Page $ ~~1736.80~~ 1743.40

6. Total of ALL CRO-1310 Pages $ 2876.38

(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

 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): Committee To Elect Jim Toole

2. ID Number:

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
Sarah M. Cox Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee To Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll worker-salary
				$	

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
Carson Capshaw Mack Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee to Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll worker salary
				$	

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
Tara M. Hall Salem College 601 South Church Street Winston-Salem N.C. 27101	Committee to Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll worker salary
				$	

5. Total only this Page $ 300.00

6. Total of ALL CRO-1310 Pages $ 2876.38

(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 3 of 4 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): Committee To Elect Jim Toole

2. ID Number: ØC8VAC

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
Latia Johnson Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee To Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll Worker Salary
				$	

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
Lecann Holmes Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee To Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ ~~100.00~~ 85.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ ~~100.00~~ 85.00	Poll worker salary
				$	

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
Caneisha Smith Salem College 601 South Church Street Winston-Salem, N.C. 27101	Committee to Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	E	05/04/10	$ 100.00	Poll Worker Salary
				$	

5. Total only this Page $ ~~200.00~~ 285.00

6. Total of ALL CRO-1310 Pages $ 2876.38

(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 4 of 4 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
Committee To Elect Jim Toole	ØCQVAC

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
Shawn Angell 4021-M Whirlaway Court Clemmons, N.C. 27012	Committee to Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 97.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	I	05/04/10	$ 97.31	Direct Mail Postage Reimbursement
				$	

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
Jim Toole 109 Shadylawn Drive Winston-Salem, N.C. 27104	Committee to Elect Jim Toole	☐ Federal ☒ County: ☐ State ☐ Municipality:	Palm Cards	$ 2170.84

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T001	Check	C	05/27/10	$ 100.00	Reimbursement – Photography for Fundraiser - Aramah James
T001	Check	B	05/27/10	$ 350.67	Reimbursement – Alpha Graphics - 63376

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
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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	$ 547.98
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)*	$ 2876.38

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)**

In-Kind Contributions

Pg 1 of 1 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
Committee To Elect Jim Toole	@CQVAC

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Jim Toole 109 Shadylawn Drive Winston-Salem, N.C. 27012	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 2170.84

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
~~Adjutra~~ Photographer ~~Expenses~~ for Fundraiser	05/27/10	$ 100.00
Alpha Graphics Invoice- Palm Cards	05/27/10	$ 350.67
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Shawn Angell 4021-M Whirlaway Court Clemmons, N.C. 27012	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 97.31

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Direct Mail Postage	05/04/10	$ 97.31
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 547.98
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 547.98

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.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Jim Toole	ØCQVAC

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Jim Toole 109 Shadylawn Drive Winston-Salem, N.C. 27012	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	04/16/10
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 350.67
	f. Purpose Code	j. Election Sum to Date
	C	$ 2170.84

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Actuary	MBA Actuaries	Alpha Graphics - 6336 Invoice Palm Cards	T001

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Alpha Graphics Reimbursement	05/27/10	$ 350.67

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Jim Toole 109 Shadylawn Drive Winston-Salem, N. C. 27012	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	04/18/10
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 100.00
	f. Purpose Code	j. Election Sum to Date
	B	$ 2170.84

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Actuary	MBA Actuaries	Photographer - Fundraiser Reimbursement	T001

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement - Fundraiser	05/27/10	$ 100.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Shawn Angell 4021-M Whirlaway Court Clemmons, N.C. 27012	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	05/04/10
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 97.31
	f. Purpose Code	j. Election Sum to Date
	I	$ 97.31

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Option Trader	Self-Employed	Direct mail costs reimbursement	T001

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Direct Mail Cost Reimbursement	05/04/10	$ 97.31

4. Total only this Page	$ 547.98
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 547.98

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 To the Committee

Amendment ☐ Yes ☐ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Jim Toole	ØCQUAC

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Elisabeth Motsinger for School Board 6548 Woodmere Drive Walkertown, N.C. 27051	☒ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	Deposit – reimbursement h. Original Expenditure Date: 05/05/10 i. Original Expenditure Amt: $ 342.50

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
Physician's Assistant/ School Board Member	WFUMC	Reimbursement for 1/2 Primary poll workers salary	$ 342.50

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
T001	Check		05/21/10	$ 342.50

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: i. Original Expenditure Amt: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: i. Original Expenditure Amt: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 342.50
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 342.50