

Disclosure Report Cover

4th QUARTER

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 The Committee to Elect Stan Dean	c. ID Number 5CQ2F3
b. Mailing Address (include City, State and Zip Code) 215 N Pine Valley Road Winston Salem, NC 27104	d. Date Filed 1/10/10
	e. Phone Number 336-409-0784

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 10/17/10	4. Period End Date (mm/dd/yy) 12/31/10	5. Treasurer Full Name Russell G. Towner
------------------------	---------------------------------------------	-------------------------------------------	---------------------------------------------

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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input 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"/> Expenditure		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

11. Account Information		12. Account Information	
a. Financial Institution Full Name Sun Trust Bank		a. Financial Institution Full Name	
b. Purpose All Campaign Funds	c. Account Code SPD1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4,510.80		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.

Russell G. Towner
Printed Name of Signer

Russell G. Towner
Signature of Appointed Treasurer

1/10/10
Date

FOR OFFICE USE ONLY

Date Received:	1/11/11	Employee:	Judy Speas	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		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

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	
The Committee to Elect Stan Dean		4 th Quarter Report		5CQ2F3	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4,510.80		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 11,020.00		\$ 23,170.75	
7) Contributions from Political Party Committees (CRO-1220)		\$ 950.00		\$ 950.00	
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)		\$		\$	
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)		\$ 11,970.00		\$ 24,120.75	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 14,913.79		\$ 21,573.47	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$ 19.75	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 371.70		\$ 756.46	
17) In-Kind Contributions (CRO-1510)		\$ 371.70		\$ 947.46	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 15,657.19		\$ 23,297.14	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 823.61		\$ 823.61	
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)		\$ 2,000.00		\$ 2,000.00	
28) Contributions to be Refunded (CRO-1215)		\$ 371.70		\$ 756.46	

Contributions from Individuals

Pg 1 of 7

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	
The Committee to Elect Stan Dean				5CQ2F3	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Christopher Verwoerd 415 Westover Ave Winston-Salem, NC 27104		Financial Services			
		c. Employer's Name/Specific Field			
		BB&T		e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/19/10	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Patrick Sturgeon 1104 Glousman Rd Winston-Salem, NC 27104		NA			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/18/10	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Anthony Reisig 825 Turnberry Forest Ct Winston-Salem, NC 27106		Executive			
		c. Employer's Name/Specific Field			
		BE Aerospace		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/18/10	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary, Page CRO-1100)				\$ 11,020.00	

Contributions from Individuals

Pg 2 of 7

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	
The Committee to Elect Stan Dean				5CQ2F3	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Christopher Fox 110 Hillstone Ct. Winston-Salem, NC 27106		Attorney			
		c. Employer's Name/Specific Field			
		Hanesbrands		e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/17/10	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Martha Fowler McNair 1244 Arbor Rd #236 Winston-Salem, NC 27104		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/18/10	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Oona Likhyan 1405 Brookstone Ave Winston-Salem, NC 27101		MD			
		c. Employer's Name/Specific Field			
		Wake Forest Baptist Med Ctr		e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/25/10	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 300.00	
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 7

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	
The Committee to Elect Stan Dean					5CQ2F3	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Whitman Mims 211 Canterbury Trail Winston-Salem, NC 27104			MD			
			c. Employer's Name/Specific Field			
			Wake Forest Baptist Med Ctr			
			e. Election Sum to Date			
			\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Check		10/31/10	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Grosswald 2540 Forest Dr Winston-Salem, NC 27104			Financial Planning			
			c. Employer's Name/Specific Field			
			Novant Health			
			e. Election Sum to Date			
			\$		25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Check		10/31/10	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lauren Casey 1004 Lissa Anne Lane Winston-Salem, NC 27104			NA			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Check		10/15/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 4 of 7

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	
The Committee to Elect Stan Dean					5CQ2F3	
3. Contributor Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lisa Rieker 1460 Willow Woods Way Winston-Salem, NC 27104			Nurse Anesthisist			
			c. Employer's Name/Specific Field			
			Wake Forest Baptist Med Ctr			
			e. Election Sum to Date			
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Cash		10/31/10	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ted Goins 1825 Sussex Lane Winston-Salem, NC 27104			Financial Advisor			
			c. Employer's Name/Specific Field			
			Salem Investment Counselors			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Cash		10/31/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank Salizonni 433 Ward Parkway Apt 2 Kansas City, MO 64112			NA			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
					\$ 4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Check		10/15/10	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,145.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

Pg 5 of 7

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	
The Committee to Elect Stan Dean				5CQ2F3	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Medge Owen 131 Wing Haven Circle Winston-Salem, NC 27106		MD			
		c. Employer's Name/Specific Field			
		Wake Forest Baptist Med Ctr		e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/24/10	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kevin Harper 1023 Greenhurst Rd Winston-Salem, NC 27104		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Check		10/16/10	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Amy Rich 3249 Paddington Ln Winston-Salem, NC 27106		Attorney			
		c. Employer's Name/Specific Field			
		Doughton & Hart		e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Paypal		10/19/10	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 450.00	
5. Total of ALL CRO-1210 Pages				\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 6 of 7

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	
The Committee to Elect Stan Dean				5CQ2F3	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lee Chaden 2815 Bartram Road Winston-Salem, NC 27106		Director			
		c. Employer's Name/Specific Field			
		Hanesbrands			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Paypal		10/18/10	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rick Toser 167 Keswick Drive Advance, NC 27006		Builder			
		c. Employer's Name/Specific Field			
		Sonoma Building Co.			
				e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SPD1	Paypal		10/17/10	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$	

Contributions from Individuals

Pg 7 of 7

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	
The Committee to Elect Stan Dean					5CQ2F3	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robi Brath 5104 River Chase Rd Winston-Salem, NC 27104			NA			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Paypal		10/27/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kent Nastasi 2855 Bartram Road Winston-Salem, NC 27106			MD			
			c. Employer's Name/Specific Field			
			Allergy Partners of Piedmont			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Paypal		10/27/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stan Dean			Attorney			
			c. Employer's Name/Specific Field			
			Private Practice			
					e. Election Sum to Date	
					\$ 10,791.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SPD1	Transfer		10/20/10	\$ 7,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 7,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions to be Reimbursed

Pg

1

of

1

Amendment

☐

Yes

☒

No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
The Committee to Elect Stan Dean		5CQ2F3	
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Tara Orris 810 W 4th Street Winston Salem, NC 27101		Tara Orris 810 W 4th Street Winston Salem, NC 27101	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Mailing Supplies	11/2/10	Y	\$ 371.70
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$ 371.70	
5. Total of ALL CRO-1215 Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)		\$ 371.70	

Contributions from Political Party Committees

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and fund if applicable)				2. ID Number	
The Committee to Elect Stan Dean				5CQ2F3	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Ted Kaplan for Commissioner					
				c. Election Sum to Date	
				\$ 950.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
SPD1	Check		10/27/10	\$ 950.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 950.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 950.00	

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	
The Committee to Elect Stan Dean					5CQ2F3	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Tara Orris 810 W 4 th Street Winston Salem, NC 27101						
			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	
					\$ 8,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SPD1	Check	E	11/10/10	\$2,000.00	Campaign Mgr Fee	
SPD1	Check	E	11/1/10	\$2,000.00		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Paypal Account						
			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	
					\$ 18.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SPD1	Draft	C	4 th Q	\$18.90	Paypal Charges for Donations	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Excalibur Enterprises, Inc. PO Box 7372 Winston Salem, NC 27109						
			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	
					\$ 10,230	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SPD1	Check	B/I	10/22/10	\$8,530	Direct Mail Print/Postage	
SPD1	Check	B/I	12/28/10	\$1,700	Direct Mail Print/Postage	
5. Total only this Page					\$ 14,248.90	
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)					\$ 14,913.79	
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	
The Committee to Elect Stan Dean					5CQ2F3	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) City of Winston Salem PO Box 2756 Winston Salem, NC 27102				b. Coordinated Committee Name		d. Comments
				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
						\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SPD1	Check	J	12/28/10	\$150.00	Zoning Civil Penalties Signs	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Signs Now 246 Jonestown Road Winston Salem, NC 27104				b. Coordinated Committee Name		d. Comments
				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
						\$ 514.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SPD1	Check	B	11/1/10	\$514.89	Door Hangers Post Cards	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				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
						\$
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					\$ 664.89	
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)						

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	
The Committee to Elect Stan Dean			5CQ2F3	
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Tara Orris 810 W 4 th Street Winston Salem, NC 27101		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/5/10
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 371.70
f. Purpose Code		j. Election Sum to Date		
P		\$ 371.70		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Campaign Manager	Self Employed			SPD1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement for in kind contribution supply expenses		11/10/10	\$ 371.70
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
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
				\$
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
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			\$ 371.70	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 371.70	
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 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	
The Committee to Elect Stan Dean		5CQ2F3	
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	
Tara Orris 810 West 4 th Street Winston Salem, NC 27101		<input checked="" 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	
		c. Comments	
		d. Election Sum to Date	
		\$ 756.46	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Mailing Supplies		11/2/10	\$ 371.70
			\$
			\$
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	
		<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	
		c. Comments	
		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	
		<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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 371.70	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 371.70	

For Office Use Only:
Follow-Up Date _____
Reviewed by _____

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

January 11, 2011

Russell G. Towner

The Committee to Elect Stan Dean

1113 Glousman Road

Winston-Salem, NC 27104

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:

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: See suggestions to compare and amend this form.

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 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: CRO-1210-Orris in-kind contribution not shown. CRO-1100 must be adjusted as well. Goins contribution in excess of \$50 cash contribution. Provide check to the NC Civil Penalty and Forfeiture Fund. Send this with amendment to the Forsyth County Board of Elections by 1/31/11.

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 with CRO-1000, 1100 and 1210 (Orris). Provide check to the NC Civil Penalty and Forfeiture Fund. Send this with amendment to the Forsyth County Board of Elections by 1/31/11.
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. If you need assistance with this matter please contact Judy Speas at (336) 703-2808.