

COPY

Disclosure Report Cover

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.

Amendment
☐ Yes ☒ No

1. Committee Information	
a. Full Name Committee to Re-Elect Walter Marshall	c. ID Number 600169
b. Mailing Address (include City, State and Zip Code) 4281 Mill Creek Rd W-S, NC 27106	d. Date Filed 7-21-10
	e. Phone Number 336 703-1948

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4-18-2010	06-30-2010	Fred Marshall

6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	9. Type of Report (check only one type of report from one category) <table style="width: 100%;"> <tr> <td style="width: 33%;"> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width: 33%;"> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width: 33%;"> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	10. Special Report Name 			
8. Number of Fundraisers this Report NONE				

11. Account Information	11. Account Information
a. Financial Institution Full Name Merchants & Farmers Bank	a. Financial Institution Full Name
b. Purpose Campaign Committee	b. Purpose
c. Account Code 809	c. Account Code
d. Period Begin Balance \$ 477.94	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 63 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.

Fred Marshall Printed Name of Signer	 Signature of Appointed Treasurer	7-21-10 Date
---	--------------------------------------	-----------------

FOR OFFICE USE ONLY

Date Received: 7/21/10	Employee: Judy Spear	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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
		2nd Qtr	6C0169
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,665.00	\$ 4,065.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	—	\$
6) Contributions from Individuals (CRO-1210)	\$	—	\$ 4,065.00
7) Contributions from Political Party Committees (CRO-1220)	\$	—	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	—	\$
9) Loan Proceeds (CRO-1410)	\$	—	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	—	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	—	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	—	\$
11c) Outside Sources of Income (CRO-1250)	\$	—	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	—	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	—	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	— 0 —	\$ 4,065.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	2,146.70	\$ 3,608.76
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)	\$		\$
17) In-Kind Contributions (CRO-1510)	\$		\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	2,146.70	\$ 3,608.76
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	518.30	\$ 456.24
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$		\$
26) Forgiven Loans (CRO-1440)	\$		\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$		\$
28) Contributions to be Refunded (CRO-1215)	\$		\$

Disbursements

Pg 1 of 3

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 Re-elect Walter Marshall						6CQ169	
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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Truth Broadcasting, INC 4405 Providence Lane W-S, NC 27106							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$360.00	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
809		check		A		04/22/2010	
						j. Amount	
						\$360.00	
						k. Required Remarks	
						Radio Time	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
A.C. Phoenix 2523 N. Patterson Ave W-S, NC 27105							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$300.00	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
809		check-104		A		04/22/2010	
						j. Amount	
						\$300.00	
						k. Required Remarks	
						campaign Aid	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Miller Printing 616 N. Trade St W-S, NC 27101 336-771-6230							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$135.00	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
809		check 1005		B		04/27/2010	
						j. Amount	
						\$135.00	
						k. Required Remarks	
						campaign Handouts (4000)	
5. Total only this Page						\$795.00	
6. Total of ALL CRO-1310 Pages						\$2,146.70	
(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 (f) 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		O* - Other	
Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 3 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 Re-elect Walter Marshall	6CQ169

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	
A Blaze Screen Printing			
	c. Level Registered (Specify)		
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date	
		\$321.70	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
809	Check 1006	B	04/28/2010	\$321.70	Campaign T-shirts
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	
Daryl Hunt 8 W. 3rd Street W-S, NC 27101			
	c. Level Registered (Specify)		
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date	
		\$200.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
809	Check 1008	E	05/02/2010	\$200.00	Poll Workers
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	
Eoline Parmon 3878 Barkwood Dr. W-S, NC 27105			
	c. Level Registered (Specify)		
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date	
		\$100.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
809	check 1009	D	05/02/2010	\$100.00	Food - Poll workers
				\$	

5. Total only this Page	\$621.70
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)	\$2,146.70

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	O* - Other
Codes require detailed explanation in required remarks field (k)			

Disbursements

Pg 2 of 3 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Committee to Reelect Walter Marshall				2. ID Number 6CQ169	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walter Marshall 3246 Kittering Lane W-S, NC 27105 723-0852			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$
f. Account Code 809	g. Form of Payment check	h. Purpose Poll Worker	i. Date (mm/dd/yyyy) 05/12/2010	j. Amount \$ 500.00	
			\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Walter Marshall 3246 Kittering Lane W-S, NC 27105			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 900.00
f. Account Code 809	g. Form of Payment check	h. Purpose Poll Workers	i. Date (mm/dd/yyyy) 05/12/2010	j. Amount \$ 150.00	
			\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Daryl Hunt 8 West 3rd St W-S, NC 27101			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 Cycle Sum to Date \$
f. Account Code 809	g. Form of Payment check	h. Purpose Poll Workers	i. Date (mm/dd/yyyy) 05/12/2010	j. Amount \$ 80.00	
			\$		
5. Total only this Page				\$ 730.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ 2,146.70	

CRO-1310

NC State Board of Elections

March 2003

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

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

July 23, 2010

Fred Marshall

Committee to Re-Elect Walter Marshall

4281 Mill Creek Road

Winston-Salem, NC 27106

FROM: Campaign Finance Office
Forsyth County Board of Elections
201 N. Chestnut Street
Winston-Salem, NC 27101

REPORT(S) IN QUESTION:
Second 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: Changes must be made for missing contributions in the First Quarter. Cash on Hand at End of the reporting period and election cycle columns must match.

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 excess 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: Parmon in-kind contribution of \$100 missing.

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: A Blaze Screen Printing address is missing. Parmon - place on CRO-1320 as reimbursement of in-kind. W. Marshall & Hunt amounts - detail pollworker names and amounts on a separate sheet.

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 all forms. 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.