

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 Re-Elect Walter Marshall	6CQ169
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
4281 Mill Creek Road Winston-Salem, NC 27106	Oct 25, 2010
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
	7-1-2010	10-16-2010	

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign	☐ Party	Municipal	State/County	Referendum
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Legal Expense Fund		☐ 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	
		☐ Final	☐ Year End	
		☐ Special	☐ Final	
			☐ Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Merchanic & Farmers Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Expenses			
	d. Period Begin Balance		d. Period Begin Balance
	\$ 443.94		\$

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.

Fred Marshall Freel Marshall Oct 25, 2010
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>10/25/10</u>	Employee: <u>Judy Spears</u>	Delivery Method
Date Postmarked: _____	Employee: _____	☐ Normal Mail
Date Scanned: _____	Employee: _____	☐ Registered Mail
Date Data Entered: _____	Employee: _____	☒ 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-1000-A) 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
Committee To Reelect Walter		Party 3rd	6CQ169
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 443.94	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 99.00	\$ 5751.06
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)		\$ 99.00	\$ 5751.06
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$ 2046.70
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 12.00	\$ 49.30
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$ 1562.06
17) In-Kind Contributions (CRO-1510)		\$	\$ 1562.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 12.00	\$ 5220.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 530.94	\$ 530.94
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)		\$	\$

Contributions from Individuals

Pg ____ of ____

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 Reelect Walter Marshall				6CQ169	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Dr. Harold Martin 471 Bluff Rd Kernerville, N.C. 27284		Chancellor			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		N.C. A+T State Univ.		\$ 99.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	809	check		9-16-10	\$ 99.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ 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
☐					\$
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ 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
☐					\$
☐					\$
☐					\$
4. Total only this Page					\$
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Amendment
☐ Yes ☐ No

CRO-1315