

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		c. ID Number
a. Full Name MCNEILL 2012		
b. Mailing Address (include City, State and Zip Code) 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103		d. Date Filed 05/16/2012
		e. Phone Number

COPY

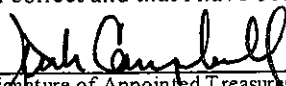
2. Report Year 2012	3. Period Start Date (mm/dd/yy) 03/05/2012	4. Period End Date (mm/dd/yy) 04/21/2012	5. Treasurer Full Name JACK H CAMPBELL JR
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing 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 0		<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	

3. Account Information		3. Account Information	
a. Financial Institution Full Name WELLS FARGO BANK		a. Financial Institution Full Name	
b. Purpose OPERATING FUNDS	c. Account Code C-1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 6		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

Jack H. Campbell, Jr.  05/16/2012
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 5/17/2012 Employee: JUDY SPEAS 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-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	
MCNEILL 2012		2012 First Quarter			
Start of Election Cycle: January 1, 2012			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 0.00		\$ 0.00
6) Contributions from Individuals (CRO-1210)			\$ 692.81		\$ 888.81
7) Contributions from Political Party Committees (CRO-1220)			\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)			\$ 0.00		\$ 0.00
9) Loan Proceeds (CRO-1410)			\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)			\$ 0.00		\$ 0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)			\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)			\$ 0.00		\$ 0.00
11c) Outside Sources of Income (CRO-1250)			\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)			\$ 0.00		\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)			\$ 0.00		\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 692.81		\$ 888.81
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 0.00		\$ 0.00
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$ 0.00		\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)			\$ 0.00		\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)			\$ 0.00		\$ 0.00
15) Loan Repayments (CRO-1420)			\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)			\$ 0.00		\$ 0.00
17) In-Kind Contributions (CRO-1510)			\$ 42.81		\$ 238.81
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 42.81		\$ 238.81
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 650.00		\$ 650.00
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)			\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)			\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)			\$ 0.00		
25) Administrative Support (CRO-1710)			\$ 0.00		\$ 0.00
26) Forgiven Loans (CRO-1440)			\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)			\$ 0.00		\$ 0.00
28) Contributions to be Refunded (CRO-1215)			\$ 0.00		\$ 0.00

Contributions from Individuals

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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	
MCNEILL 2012						
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	
KAYE BRANDON 161 BUCKINGHAM RD WINSTON-SALEM, NC 27104			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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"/>	C-1	Check		03/14/2012	\$ 50.00	
<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	
JACK H CAMPBELL JR 1208 BROOKSTOWN AVE WINSTON-SALEM, NC 27101			CONSULTANT			
			c. Employer's Name/Specific Field			
			HR PARTNERS INC			
					e. Election Sum to Date	
					\$ 130.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C-1	In-Kind	DOMAIN REG & WEB HOSTING	03/05/2012	\$ 30.31	
<input type="checkbox"/>	C-1	Check		03/30/2012	\$ 100.00	
<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	
MARY A LEIGHT 313 S MAIN ST WINSTON-SALEM, NC 27101			CITY COUNCIL MEMBER			
			c. Employer's Name/Specific Field			
			CITY OF WINSTON-SALEM			
					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"/>	C-1	Check		03/05/2012	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 430.31	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 692.81	

Contributions from Individuals

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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) MCNEILL 2012					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GAIL MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103			b. Job Title/Profession RETIRED UNIVERSITY PROFESSOR c. Employer's Name/Specific Field RETIRED		d. Comments e. Election Sum to Date \$ 396.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C-1	Check		03/05/2012	\$ 200.00	
<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) HAYES MCNEILL 1118 S. Hawthorne Rd. WINSTON-SALEM, NC 27103			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED		d. Comments e. Election Sum to Date \$ 12.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C-1	In-Kind	GRAPHIC IMAGE	04/08/2012	\$ 12.50	
<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) ELISABETH M. MOTSINGER 6548 WOODMERE DR. WALKERTOWN, NC 27051-9426			b. Job Title/Profession PHYSICIAN ASSISTANT c. Employer's Name/Specific Field SALEM CENTER		d. Comments 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"/>	C-1	Check		03/31/2012	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 262.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 692.81	

In-Kind Contributions

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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	
MCNEILL 2012			
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	
JACK H CAMPBELL JR 1208 BROOKSTOWN AVE 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	
		d. Election Sum to Date	
		\$ 130.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DOMAIN REG & WEB HOSTING		03/05/2012	\$ 30.31
			\$
			\$
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	
HAYES MCNEILL 1118 S. Hawthorne Rd. WINSTON-SALEM, NC 27103		<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	
		d. Election Sum to Date	
		\$ 12.50	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GRAPHIC IMAGE		04/08/2012	\$ 12.50
			\$
			\$
4. Total only this Page		\$ 42.81	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 42.81	