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
MCNEILL 2012 COPY	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	01/10/2013
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2012	10/21/2012	12/31/2012	JACK H CAMPBELL JR

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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	

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code	d. Period Begin Balance
WELLS FARGO BANK		OPERATING FUNDS	C-1	$ 4,740.08

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code	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.	Jack Campbell	01/10/2013
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	1/11/13	Employee	Judy Lucas	Delivery Method ☐ Normal Mail ☑ Registered Mail ☐ Hand Delivered ☐ Electronically Filed
Date Postmarked:	1/10/13	Employee	Judy Lucas	
Date Scanned:		Employee		
Date Data Entered:		Employee		☐ 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 Fourth Quarter	

Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4,740.08	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 610.20	$ 2,611.60
6) Contributions from Individuals	(CRO-1210)	$ 714.00	$ 21,667.23
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 0.00	$ 400.00
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	$ 1.00
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)		$ 1,324.20	$ 24,679.83
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 128.45	$ 450.29
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 34.10	$ 34.10
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 883.00
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)	$ 5,687.53	$ 12,441.61
17) In-Kind Contributions	(CRO-1510)	$ 214.20	$ 10,870.83
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 6,064.28	$ 24,679.83
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 0.00	$ 0.00
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)	$ 1,490.88	
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

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
MCNEILL 2012	

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	C-1	In-Kind	POSTAGE - ACE HDWE	12/14/2012	$ 5.45
☐ Add ☐ Remove	C-1	Check		10/24/2012	$ 50.00
☐ Add ☐ Remove	C-1	Electric Funds Tran		10/26/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/29/2012	$ 25.00
☐ Add ☐ Remove	C-1	Check		10/23/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/23/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/31/2012	$ 50.00
☐ Add ☐ Remove	C-1	Electric Funds Tran		10/27/2012	$ 25.00
☐ Add ☐ Remove	C-1	Check		10/23/2012	$ 25.00
☐ Add ☐ Remove	C-1	In-Kind	POSTAGE-COSTCO	11/15/2012	$ 44.75
☐ Add ☐ Remove	C-1	Check		10/23/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/31/2012	$ 25.00
☐ Add ☐ Remove	C-1	Check		10/23/2012	$ 35.00
☐ Add ☐ Remove	C-1	Check		10/24/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/29/2012	$ 50.00
☐ Add ☐ Remove	C-1	Check		10/26/2012	$ 25.00

4. Total only this Page	$	$610.20
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$610.20

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
MCNEILL 2012	

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
SUSAN FAUST 1880 FACULTY DR WINSTON-SALEM, NC 27106	INSTRUCTOR	WAKE FOREST UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Electric Funds Tran		10/29/2012	$ 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
CANDIDE JONES 2521 PARKWAY DR WINSTON-SALEM, NC 27103	STAFF MEMBER	WAKE FOREST UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Check		10/27/2012	$ 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
MARY A LEIGHT 313 S MAIN ST WINSTON-SALEM, NC 27101	CITY COUNCIL MEMBER	CITY OF WINSTON-SALEM		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Check		10/24/2012	$ 100.00
☐					$
☐					$

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)*	$ 714.00

Contributions from Individuals

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 ☐ 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
HAYES MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	RETIRED - PROFESSOR	RETIRED - WAKE FOREST UNIV	Candidate's Spouse	$ 0

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	In-Kind	J MCNEILL - SIGNS	10/22/2012	$ 50.00
☐	C-1	In-Kind	J MCNEILL - SIGNS	10/29/2012	$ 50.00
☐	C-1	In-Kind	POSTAGE-ACE HDWE	10/29/2012	$ 64.00

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
VIRGINIA UNDERHILL 1263 HUNTINGDON RD WINSTON-SALEM, NC 27104	RETIRED	RETIRED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Check		10/31/2012	$ 50.00
☐					$
☐					$

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
MARTHA WOOD PO BOX 11553 WINSTON-SALEM, NC 27116	R/E BROKER	SELF-EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Check		10/30/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 314.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 714.00

Contributions from Individuals

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 ☐ 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
TED YARBROUGH 1214 REYNOLDA RD STE B WINSTON-SALEM, NC 27104	HAIRDRESSER	HAIR QUINTESSENCE, INC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	C-1	Check		10/25/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 714.00

Disbursements

Pg 1 of 1 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
MCNEILL 2012	

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	d. Comments
SWIFTWATER MEDIA 108 S SPRUCE ST WINSTON-SALEM, NC 27101 (336) 287-2350	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
C-1	Check	O	12/31/2012	$ 100.00	CONSULTING SERVICES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TRANSFIRST 12202 AIRPORT WAY BROOMFIELD, CO 80021 (303) 625-4162	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 60.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
C-1	Draft	K	11/13/2012	$ 21.95	ONLINE CONT. FEE
C-1	Draft	K	12/10/2012	$ 6.50	ONLINE CONT. FEE

5. Total only this Page	$ 128.45
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)*	$ 128.45

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

Pg 1 of 1

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
MCNEILL 2012	

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	d. Comments
FORSYTH COUNTY DEMOCRATIC PARTY 1128 BURKE ST WINSTON-SALEM, NC 27101 (336) 724-5941	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 976.83

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
C-1	Check	G	12/31/2012	$ 34.10	
				$	

5. Total only this Page	$ 34.10
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)*	$ 34.10

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 2 — 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
MCNEILL 2012	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GAIL MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	Candidate
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	03/05/2012
		i. Original Receipt Amount
		$ 200.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED UNIVERSITY PROFESSOR	RETIRED	L	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
C-1	Check		12/17/2012	$ 200.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GAIL MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	Candidate
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	02/29/2012
		i. Original Receipt Amount
		$ 196.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED UNIVERSITY PROFESSOR	RETIRED	P	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
C-1	Check	REIMB FOR FILING FEE	12/17/2012	$ 196.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
HAYES MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	Candidate's Spouse
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	See attached
		i. Original Receipt Amount
		$ See attached

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED - PROFESSOR	RETIRED - WAKE FOREST UNIV	P	$ 0

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
C-1	Check	REIMB FOR CAMPAIGN EXPENSES	12/31/2012	$ 515.00

4. Total only this Page	$ 911.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 5,687.53

6. Purpose Codes (List detailed disbursement code in (f) above)

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 From the Committee

Pg 2 of 2 | 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
MCNEILL 2012	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
HAYES MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	Candidate's Spouse
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date See attached
		i. Original Receipt Amount $ See attached

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED - PROFESSOR	RETIRED - WAKE FOREST UNIV	P	$ 0

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
C-1	Check	REIMB FOR CAMPAIGN EXPENSES	12/17/2012	$ 4,776.53

4. Total only this Page	$ 4,776.53
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 5,687.53

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kin **O* Other**
*** Codes require detailed explanation in required remarks field (m)**

McNeill 2012 - Fourth Quarter 2012 - Addendum to CRO-1320
In-kind contributions included in reimbursement checks

Name	Street 1	Street 2	City	State	Zip	Date	Amount	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	8/8/2012	25.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	8/29/2012	100.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	9/13/2012	40.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	9/21/2012	70.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	9/30/2012	30.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/5/2012	250.00	
								$ 515.00
								12/31/2012
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	4/8/2012	12.50	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	8/3/2012	80.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	9/13/2012	100.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/2/2012	105.20	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/4/2012	40.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/15/2012	128.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/17/2012	2,611.20	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/22/2012	50.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/29/2012	50.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	10/29/2012	64.00	
HAYES MCNEILL	1118 S HAWTHORNE RD		WINSTON-SALEM	NC	27103	11/15/2012	44.75	
Duplicate transactions totalling $1,490.88 - refunded to campaign - Treasurer's accounting error:						10/15/2012	128.00	
						10/9/2012	384.00	
						10/2/2012	105.20	
						10/17/2012	59.68	
						10/17/2012	814.00	
								$ 4,776.53
								12/17/2012

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
MCNEILL 2012	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 5.45

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE - ACE HDWE	12/14/2012	$ 5.45
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 44.75

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE-COSTCO	11/15/2012	$ 44.75
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
HAYES MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Candidate's Spouse **d. Election Sum to Date** $ 0

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
J MCNEILL - SIGNS	10/22/2012	$ 50.00
J MCNEILL - SIGNS	10/29/2012	$ 50.00
POSTAGE-ACE HDWE	10/29/2012	$ 64.00

4. Total only this Page	$ 214.20
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 214.20

Debts and Obligations Owed To the Committee

Pg 1 of 1 — Amendment ☐ Yes ☒ No

Use this form to report debts and obligations owed to the Committee.

1. Committee Full Name (and Fund if applicable)	2. ID Number
MCNEILL 2012	

3. Debtor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.
HAYES MCNEILL 1118 S HAWTHORNE RD WINSTON-SALEM, NC 27103	**b. Description of Debtor** OVER-REIMBURSED FOR DUPLICATE TRANSACTIONS - ACCOUNTING ERROR BY TREASURER - PAID IN FULL 1/10/13

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$ 0.00	$ 0.00	$ 1,490.88	$ 1,490.88

g. Incurred Debts (what the Committee gave)

g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description
12/17/2012	$ 1,490.88	OVER-REIMB - ACCOUNTING ERROR
	$	
	$	
	$	
	$	

4. Total only this Page *(This should be the sum of all item '3f' from this page)*	$ 1,490.88
5. Total of ALL CRO-1620 Pages *(This line must be on line 23 of Detailed Summary Page CRO-1180)*	$ 1,490.88