Disclosure Ro	eport Cover					Amenament	∇ .	
		nformation, mus	st be signed	and sub	mitted along with	│	⊠ No `	
Do not use this form	to update information	·	3	,	g man	omer detaned to	11115.	
1. Committee Info	rmation				ude production of the second o			
a. Full Name						c. ID Numbe	er	
Motsinger Fo	or School Board			T Pro	8:24		CQL8W	
							QE6₩	
						d. Date Filed	1	
			•			10/2	27/2014	
						e. Phone Nu	mber	
						336-8	317-4969	
2. Report Year	3. Period Start Date (mm/c	id/yy) 4. Per	riod End D	ate	5. Treasurer F	ull Name		
2014 07/01/2014			/18/2014		Shawn Dixon A	Angell		
6. Type of Commit	tee (Check One)	9. Type of Re	nort (check or	ly one type of rep	ort from one eat	(aggregation of the control of the c	
		Municipal	port. I	State/C		Referendum	egory)	
☐ PAC	PAC Referendum		ational	+	Organizational		izational	
Independent Expenditure	dependent [7] Joint Fundroises		ive day		Quarterly		ferendum	
							•	
7. Type of Fund	(if applicable, check one)	Pre-prim	iary		First	☐ Final	•	
		Pre-elect			Second	Supple	emental Final	
Building Fund		Pre-runo			Third	Annua	l	
		Semi-an			Fourth	☐ Specia	1	
Other:	·		d Year ar End		Semi-annual			
G. Guiller		Final	ai Ciid		Mid Year Year End	10. Special	Report Name	
8. Number of Fund	raisers this Report	Special			Final		IPV	
	1			_	Special		'	
11. Account Inform	ation	<u> </u>	11 A		Information			
					itution Full Name			
Branch Banki	ng and Trust Company				- Table 1		·	
b. Purpose	c. Account Code		b. Purp	ose		c. Account	Code	
	·							
Campaign/Forsyth County School Board	MOT1							
	d. Period Begin Balance		-			d Period R	egin Relance	
	\$ 11.57			-		d. Period Begin Balance		
CERTIFICATION					··			
	mittee or Fund is in complis	ince with all an	alicable pro	vicione e	of Autiolo 22 A 221	D 6. 22D 22X4	-001 + 100 0	
the NC General Statu	tes and that no funds are con	nmingled with	prohibited o	r other i	on Airicle 22A, 221	b, & ZZD-ZZIVI (of Chapter 163 of	
complete, true and co	rrect and that I have been tra	ained by the NC	State Board	d of Ele	ctions.	s. I fultifier celti	ly that this report is	
Thawn	D. Anaell	•	Shawn	n	angell	10/27	114	
			Signature o	f Appoint	ed Vreasurer	Da	ate	
FOR OFFICE USE O	NLY						· · · · · · · · · · · · · · · · · · ·	
Date Received:		Employ	ee:			Delivery Meth Normal		
Date Postmarked		Employ	ee:			☐ Register	ed Mail	
Date Scanned:	•	Employ	99,		· 	☐ Hand Delectron	elivered iically Filed	
	ing Address (include City, State and Zip Code) 6545 Woodmere Drive Walkertown, N.C. 27051 Dort Year 3. Period Start Date (mr.) 14 07/01/2014 De of Committee (Check One) Candidate Campaign Party PAC Referendum Independent Sependiture Legal Expense Fund De of Fund (if applicable, check one) "Booster Fund" Building Fund Other: Count Information					☐ Signer l	has not received	
Date Data Entere	d:	Employ	ee:			mandato	ory 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.

Detailed Summary

Amendment

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

 \times No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID No	ımber		
Motsinger For School Board	3 rd Quarter			BCQL8W		
Start of Election Cycle: January 1,	2011	Total t	-	Total this		
4) Cash on Hand at Start		\$ 11.57	\$	Election Cycle 258.00		
<u>RECEIPTS</u>						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 495.00	\$	495.00		
6) Contributions from Individuals	(CRO-1210)	\$ 2443.08	3 \$	2443.08		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$	100.00		
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 Organization	ns <i>(CRO-1250)</i>	\$	\$			
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,	IId and IIe)	\$ 3049.65	\$	3296.08		
EXPENDITURES						
13) Disbursements			16 1 Sept 16 20			
13a) Operating Expenditures	(CRO-1310)	\$	\$	246.43		
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$ 50.00	\$	50.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 332.00	\$	332.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 1248.98	\$	1248.98		
17) In-Kind Contributions	(CRO-1510)	\$ 93.08	\$	93.08		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 1724.06	\$	1970.49		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 1325.59	\$	1325.59		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
Outstanding Loans (incl. ones from other campaigns)) (CRO-1430)	\$				
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
4) Account Transfers Within the Committee	(CRO-1720)	\$				
5) Administrative Support	(CRO-1710)	\$	\$			
6) Forgiven Loans	(CRO-1440)	\$	\$	· · · · · · · · · · · · · · · · · · ·		
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$			
8) Contributions to be Refunded	(CRO-1215)	\$	\$			

Aggregated Contributions from Individuals

Page

Amendment

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)

2. ID Number

No

· · · · · · · · · · · · · · · · · · ·	Information				BCQL8W
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date	f. Amount
Add	MOT1	Check	Description	(mm/dd/yyyy)	
Remove	·	CHECK		10/02/14	\$ 50.00
Add Remove	моті	Check		10/02/14	\$ 50.00
Add		- 		10/02/11	9 50.00
Remove	MOTI	Check		10/02/14	\$ 25.00
Add Remove	МОТІ	Check		10/02/14	\$ 50.00
Add				10/04/17	\$ 50.00
Remove	MOTI	Check		10/02/14	\$ 25.00
Add					Φ 43.00
] Remove	MOTI	Check		10/02/14	\$ 25.00
Add					Ψ 25.00
Remove	MOT1	Check		10/02/14	\$ 50.00
Add				<u> </u>	
Remove	MOTI	Check	1	10/02/14	\$ 50.00
Add	3.40001				
Remove	MOT1	Check		10/02/14	\$ 50.00
Add	140721				
Remove	MOT1	Check		10/02/14	\$ 25.00
Add	- MOTI				-
Remove	MOT1	Check		10/02/14	\$ 25.00
Add	МОТІ				
Remove	MOTI	Check		10/02/14	\$ 20.00
Add	MOTI	Oliveri.			
Remove	MOTI	Check		10/02/14	\$ 25.00
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Remove	INIOTI	Check		10/02/14	\$ 25.00
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Total only th	-in Dono			<u> </u>	Φ
				\$	495.00
	L CRO-1205 Page line 5 of Detailed Summ			\$	495.00

		vidual contributions o	.ver \$50	Pg Or contributions and	5 <u>1</u> 0	f <u>4</u>	☐ Yes	S No
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	er For School Boa					2. 10 140	BCQL8W	 :
	ributor Informati	·	\boxtimes	Add □ Re			BCQL6 W	
	me, Mailing Address			b. Job Title/Profession	move	d. Commer	nto	
F	e city, state, & zip)	_		Physician		u. Commei	IIIS	· ·
Er	nie Schmid							
	0 Tam O'Sham Trail			c. Employer's Name/S]		
Į w	inston-Salem, N.C	2, 27103		Old Town F		<u> </u>		
				Old Town, N.O	-	e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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3. Contr	ibutor Informatio	on	\boxtimes	Add Re	move			Т —
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	<u></u>
(include city, state, & zip)			Retired					
	tty Alexander							
	14 Arbor Road inston-Salem, N.C	27104		c. Employer's Name/Sp	pecific Field	_	-	
** 1	Alston-Satem, 14.0	. 2/104				2 Floation (2 to Data	
						e. Election S	Sum to Date 100.00	
f. Prior	g. Account Code	h. Form of Payment	: I. I	Zi-d Danie Zi	T	<u>.l.</u>	- 	
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_ <u>U</u>	MOTI	Check	<u> </u>	<u> </u>	10/02/2	014	\$	100.00
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	butor Informatio	· · · · · · · · · · · · · · · · · · ·	\boxtimes		nove			
	ie, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comment	ts	
	William Satterwh	nite		Retired Physi	ician			
	4 Arbor Road			c. Employer's Name/Sp	ecific Field	1		
Win	nston-Salem, N.C.	. 27104				1		
			:			e. Election S	um to Date	
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							\$	
4. Total	only this Page					. \$		500.00
	of ALL CRO-	•				\$		2443.08
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Contributions from Individuals

Amendment

Conti	ributions fro	m Individuals			Pg 2 of	· A	Amendmo	
Use this f	orm to report indi	vidual contributions of	ver \$50					· · · · · · · · · · · · · · · · · · ·
1. Com	nittee Full Name	(and Fund if application	able)			2. ID Nu		
Motsing	er For School Boa	ard		•			BCQL8V	V .
3. Conti	ributor Informat	ion	\boxtimes	Add □ R	Remove			
	me, Mailing Address			b. Job Title/Profession		d. Commen	ı te	
	e city, state, & zip)			Retired		di Comme.	113	
	tricia Toole			- 				
1	36 Virginia Road			c. Employer's Name/	Specific Field			
W	inston-Salem, N.O	C. 27104						
						e. Election	Sum to Date	
						\$	150.00	•
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	!
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						· · · · · · · · · · · · · · · · · · ·	\$	
				·			\$	
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	me, Mailing Address			b. Job Title/Profession		d. Commen		<u> </u>
	(include city, state, & zip)			Psychologi		u. Commen		
Dr	. Cecile Naylor		<u></u>]	<u>.</u>	,		•
503	2 Meadow Hill Ct.			c. Employer's Name/	Specific Field	1		
Wi	inston-Salem, N.C	C. 27106		Self-Emplo	yed			
						e. Election S	um to Date	
	•					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	<u>,</u>
	МОТІ	Check		· 	10/02/	′ 14	\$	100.00
							\$	
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3. Contri	butor Information	on	\boxtimes	Add □ Re	emove			<u> </u>
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	<u> </u>	
	city, state, & zip)			Neurologist	t .		•	
	Annette Grefe				·			
	1 Minart Drive	07107		c. Employer's Name/S				
Wii	nston-Salem, N.C	. 27106		Bowman Gray Sch			 -	
				Winston-Sale	m, N.C.	e. Election S	um to Date	
					i	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	- <u> </u>
	MOT1	Check			10/02/20)14	\$ 1	00.00
							\$	
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4. Total	only this Page	e	- 	· · · · · · · · · · · · · · · · · · ·		\$		350.00
5. Total	of ALL CRO	-1210 Pages						
		Detailed Summary Page C	RO-1100)	• -		\$		2443.08

		om Individuals dividual contributions		A or contributions		of	Amendme	
1. Com	mittee Full Name	e (and Fund if applic	able)	o or contributions t	ilider \$30 il form C	2. ID N		
	Motsinger For Sch	1.1				2.101	BCQL8W	,
ļ	ributor Informat		\boxtimes	Add 🗆 .	D		DCQL8 W	
	ame, Mailing Addres			b. Job Title/Profess	Remove	d. Comm	to	
,	le city, state, & zip			Retired		и. Солга	ients	-
Robert	E. Merritt							·
	or Road, # 224 1-Salem, N.C. 271	0.4		c. Employer's Nam	e/Specific Field	_		
WHISTOI	1-3alem, N.C. 2/1	.04				o Floreio	n Com to Date	
						e. Electio	n Sum to Date	
							293.08	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
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	ributor Informat	ion		Add 🔲 1	Remove		\$	
	a. Full Name, Mailing Address & Phone			b. Job Title/Professi	d. Comm	ente		
(include city, state, & zip			Retired	u. comm	CITIS	··		
	James G. Hanes III							
	59 N. Peacehaven Ro 'inston-Salem, N.(c. Employer's Name	/Specific Field			
	mston-Satem, N.C	J. 27100				e Election	n Sum to Date	
f. Prior	a Assourt Code	L C CD	T			\$	1000.00	
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	me, Mailing Address	& Phone	-	b. Job Title/Profession	on	d. Comme	nts	
	city, state, & zip) an Louden			Retired				
	Friendship Circle			c. Employer's Name/Specific Field		-		
	inston-Salem, N.C	C. 27106						
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	MOTI	Check			10/04/2	2014	\$	100.00
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4. Total	only this Pag	e	. <u> </u>	·	<u> </u>	\$		1300.00
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No

		m Individuals dividual contributions	over \$5	P _i 50 or contributions un	g <u>4</u> o der \$50 if form C	f <u>4</u> RO 1205 is i	☐ Vo	es 🖂 No
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Nu		
Motsing	er For School Boa	ard					BCQLE81	 W
3. Cont	ributor Informati	ion	\boxtimes	Add □ Re	move			
1	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	nts	
	e city, state, & zip)			Counselor				
1	an Seiffert 03 West Cornwallis	Road		c. Employer's Name/S	masific Field	4		•
	urham, N.C. 2770:			Self-Emplo		-		
					,	e. Election	Sum to Date	
						\$	100.00	
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							\$	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Unknown			b. Job Title/Profession		d. Commer	ıts		
			Unknown	Check was accidently not copied with others. We have no way of tracking donor from deposit slip or bank statement.				
OHRHOW				c. Employer's Name/S	pecific Field	1		
					Ĺ.			
						e. Election	Sum to Date	
· <u>-</u>		, · · · · · · · · · · · · · · · · · · · · · ·				\$	100.00	
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<u> </u>	MOT1	Check	ļ		09/19/	14	\$	100.00
							\$	
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	butor Informatio			Add ☐ Ren	nove		·	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen		
. <u></u>	city, state, & zip)			·	In kind Contribution for donation of food and beverage for 10/08/2014 fundraiser.			
	4 Arbor Road, #224			c. Employer's Name/Sp	ecific Field			
Wi	nston-Salem, N.C.	27104						
						e. Election S	um to Date	
						\$	293.08	
. Prior	g. Account Code	h. Form of Payment		ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	MOT1			and Beverage for 2014 Fundraiser	10/08/20)14	\$	93.08
							\$	
							\$	
	only this Pa24			·			1	293.08
5. Total	of ALL CRO-	1210 Pages	** *			\$		2443.08

Contributions from Individuals

Amendment

Use this form to re	eport contributions from other ca	ndidate, re	eferendum or PAC comm	nittees			•
1. Committee Fu	ll Name (and Fund if applicabl	e)			2, ID	Number	
Forsyth	County Democrat	ic We	omen		STA	C39931	V-C-00
3. Contributor In	· · · · · · · · · · · · · · · · · · ·	[3]		lemove			·
a. Full Name, Mailing			b. Type of Committee		d. Con	nments	,
(include city, state,	& 21p)		Candidate Referendum	☑ PAC			
Horosth C	ounty Democratic Worm	e M	c. Level Registered (Spec	ify)	1		
	ke Street		Federal	☐ County:	1		
Winster	1- Salem, N.C 27101		State	Municipality:	e. Elec	tion Sum to Da	te
	724-5941			·	\$	100,00	
f. Account Code	g. Form of Payment	h, In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount	
mot1	Checke			9/9/14		\$ 100	00,0
						\$	
				:		\$	
3. Contributor In			·	emove	_		
a. Full Name, Mailing	•		b. Type of Committee		d. Com	ments	
(include city, state,	& zip)		Candidate Referendum	L PAC			
			c. Level Registered (Speci	fy)	1		
·			Federal	County:			
			State	Municipality:	e. Elect	tion Sum to Da	te
					\$		
f. Account Code	g. Form of Payment	h. In-Kine	d Description	i. Date (mm/dd/yyyy	<u></u>)	j. Amount	
						\$	
						\$	
·						\$	
3. Contributor In	formation		Add □ R	emove			
a. Full Name, Mailing			b. Type of Committee		d. Com	ments	
(include city, state,	& zip)		Candidate Referendum	☐ PAC		•	
			c. Level Registered (Speci	fv)	ŀ		
			☐ Federal	County:			
			State	Municipality:	e. Elect	tion Sum to Da	te
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f. Account Code	g. Form of Payment	h. In-Kind	d Description	i. Date (mm/dd/yyyy))	j. Amount	
						\$	
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5. Total of ALL C	RO-1230 Pages	-			\$	ina a	
(This line must be or	line 8 of Detailed Summary Page CRO	-1100)			φ	100,00	9

Contributions from Other Political Committees

1. Committee Full	Name (and	imbursements, including contribution from the first important in the first important in the first including the first includin	ons retained to the contri	outor.			
Motsinger For Sch	ool Board	- ша и присавку			2. ID Na		
					BCQL8W		
3. Payee Informati		\boxtimes	Add □ Remove				
a. Full Name, Mailing A		ne	d. Type of Committee		h Ovisius	10	
(include city, state, &			☐ Candidate ☐	PAC		Receipt Da	ate
Elisabeth Motsinge			Referendum	Party		10/10/2014	
6548 Woodmere I			e. Level Registered (Spec		i. Original	Receipt Am	
Walkertown, N.C.	27051		Federal X				ioun
			☐ State ☐		\$ 1248.	.98	
			f. Purpose Code		j. Election	Sum to Date	
			MOT2				
b. Job Title/Profession					\$` 1248.	98	
Di			g. Comments		k. Account	Phy	_
- Wystall / Issistall		Unemployed	Reimbursement for politica	l campaign signage			
l. Form of Payment	m. Required	Remarks		n. Date (mm/dd/y	yyy) o. Am		
				The contract of the contract o	-	iount	-
3. Payee Informatio	n		add Remove		\$		
a. Full Name, Mailing A	ddress & Phone	2	d. Type of Committee		1		
(include city, state, & :	zip)		Candidate	PAC	h. Original	Receipt Dat	te
			Referendum	Party			
			e. Level Registered (Special		1 0 11		
			Federal	County:	i. Original I	Receipt Amo	ount
			State	Municipality:	\$		
			f. Purpose Code	mamorpanty.	j. Election S	Sum to Date	
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o. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	·	\$		
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Refunds/Reimbursements From the Committee

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Disbursements

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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 Motsinger For School Board BCQL8W (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Donation Forsyth County Democratic Party 1128 Burke Street c. Level Registered (Specify) Winston-Salem, N.C. 27101 Federal \boxtimes County: 336-724-5921 State Municipality: e. Election Sum to Date \$ 332.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Donation to County MOT2 Check G 08/22/14 \$50.00 Democratic Party 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Fair share expenditure for Democratic Campaign Forsyth County Democratic Party **Bulletin Printing Costs** 1128 Burke Street c. Level Registered (Specify) Winston-Salem, N.C. 27101 Federal County: 336-724-5921 State Municipality: e. Election Sum to Date \$ 332.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Payment for fair share of Campaign Material Printing Costs/Forsyth County MOT2 Check В 10/07/14 \$282.00 Democratic Party/Coordinated Party Expense 4. Payee Information Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments Fair share costs of robocalls to get out the (include city, state, & zip) vote/Coordinated Party Expense Marilyn Parker P.O. Box 2513 c. Level Registered (Specify) Winston-Salem, N.C. 27102 Federal County: 336-727-2696 State Municipality: e. Election Sum to Date \$ 50.00 f. Account Code g. Form of Payment n. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Fair share-robo call get MOT2 Check D 10/15/2014 \$50.00 out the vote. 5. Total only this Page \$ 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 382.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)