

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

I. Committee Information

a. Full Name	c. ID Number
Committee to Re-Elect Walter Marshall	8COKTD
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1500 Reynard Dr Kernersville, N.C. 27284	
	e. Phone Number
	3361996-3218

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	6-30-14	10-19-14	Harry James Jr

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund	☐ Party ☐ Referendum ☐ Joint Fundraiser	☐ Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	☒ State/County ☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ 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	c. Account Code	a. Financial Institution Full Name	c. Account Code
Mechanics & Farmers Bank	JJ	Mechanics & Farmers Bank	JJ
b. Purpose	d. Period Begin Balance	b. Purpose	d. Period Begin Balance
Campaign Finance	\$ 982.75	Campaign Finance	\$ 982.75

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.

Harry James Jr
Printed Name of Signer

Signature of Appointed Treasurer

10-21-14
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ 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
Committee to Re-Elect Walter Marshall		3rd Quarter	8COKTD
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,361.75	\$ 1,361.75
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ \$100.00	
6) Contributions from Individuals (CRO-1210)	\$ 50.00	\$ 2,875.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 150.00	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 1000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 50.00	\$ 4,125.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 429.00	\$ 2,167.25	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 1,000.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 429.00	\$ 3,167.25	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 982.75	\$ 982.75	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

Disbursements

Amendment
Pg ____ of ____ ☐ 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						8COTD	
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	
Shiloh Baptist Church 925 N. Highland Ave Winston-Salem, N.C. 27105							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JJ	Check	Media	7-25-14	\$50.00			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Emmanuel Baptist Church 1075 Shalimar Dr. Winston-Salem, N.C. 27107							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ 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		
JJ	Check	Media	8-20-14	\$100.00			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Harry James Jr 1500 Reynard Dr Kernersville, N.C. 27284							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ 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		
JJ	Check	Other	8-29-14	\$50.00			
				\$			
5. Total only this Page						\$200.00	
6. Total of ALL CRO-1310 Pages						\$429.00	
(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 (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
Pg ____ of ____ ☐ 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						8CQKTD	
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	
Black Theater Festival 601 Coliseum Dr Winston-Salem, N.C. 27105						Add	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
B	Check	B	10-1-14	\$ 80.00			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
A.C. Phoenix P.O. 49 Eden, N.C.						Add	
				☐ Federal ☒ County: ☐ State ☐ 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		
	Check	A	10-17-14	\$ 100.00			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Paulette Marshall 3246 Kittering Lane Winston-Salem, N.C. 27105						Postage	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 49.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	I	9-30-14	\$ 49.00			
				\$			
5. Total only this Page						\$ 229.00	
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)						\$ 429.00	
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)							

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 Re-Elect Walter Marshall						8COKTD	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Avon L. Ruffin 322 Wyntfield Dr. Lewisville, N.C. 27023				School Teacher			
				c. Employer's Name/Specific Field			
				WS/FC School System		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		
☐					\$		
☐					\$		
☐					\$		
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						\$ 50.00	
5. Total of ALL CRO-1210 Pages						\$ 50.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							