## Statement of Organization - Referendum Committee Use this form to create a new or update an existing referendum committee.

	* ***		 
Amendment			
Yes	X	No	

L. Committee Information   C. ID Number   C. ID N	This form must be a	accompanied by form CRO-3500 (when	amending, only re-su	bmit if applic	cable)	
FORWARD TOGETHER WINSTON-SALEM  b. Mailing Address (include City, State and Zip Code)  315 North Spruce Street, Suite 215 Winston-Salem, NC 27101  2. Referendum Information a. Full Name City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development) 3. Treasurer Information a. Full Name Jack H. Campbell Jr. b. Mailing Address (include City, State, and Zip Code) 1208 Brookstown Ave Winston-Salem, NC 27101  b. Mailing Address (include City, State, and Zip Code) 1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number Jack Campbell@triad.rr.com Jack Campbell Jr.  Call Campbell Jr.  Jack Campbell Jr.  Jack H. Campbell Jr.	1. Committee Infor	mation	Plonathae			
b. Mailting Address (include City, State and Zip Code)  315 North Spruce Street, Suite 215 Winston-Salem, NC 27101  2. Referendum Information a. Full Name City of Winston-Salem Bonds Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development) 3. Treasurer Information 4. Custodian of Books Information a. Full Name Jack H. Campbell Jr. b. Mailting Address (include City, State, and Zip Code) 1208 Brookstown Ave Winston-Salem, NC 27101 c. Phone Number d. Email Address 336-687-0193 Jackcampbell@triad.rr.com 336-687-0193 Jac			to aum. 28	·····	c. ID Number	
Signature   Street, Suite 215   Signature   Street, Suite 215   Signature   Street, Suite 215   Signature   Street, Suite 215   Signature   Signatur		GETHER WINSTON-SALEM	- 13 mm.c.	<i>†</i>		
315 North Spruce Street, Suite 215   9/10/14	b. Mailing Address (incl	ude City, State and Zip Code)			d. Date Organized	
Winston-Salem, NC 27101  2. Referendum Information  3. Full Name City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development)  3. Treasurer Information  3. Rull Name Jack H. Campbell Jr.  b. Mailing Address (include City, State, and Zip Code) 1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number Jack Bernalt Address Jackcampbell@triad.rr.com  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 36-687-0193  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 36-687-0193  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 86-88-0193  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 66-88-0193  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 86-88-0193  Jack Information  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 86-88-0193  Jack Information (not-C80-3500)  I prefer to receive notices by email \(\textit{\mathbb{X}}\) response \(\textit{\mathbb{N}}\) as 66-88-0193  Jack Information (not-C80-3500)  A pull Name  (none)  NewBridge Bank  D Purpose  depositing donations and paying expenses  Phone Number  d. Email copy of notices  D Purpose  depositing donations and paying expenses  C-1 checking  D Email copy of notices  DERTIFICATION  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 NG General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Depend Name of Statutes and that no funds are commingled with prohibited or other non-disclosed funds.	315 North Spr		The state of the s		9/10/14	
2. Referendum Information a. Full Name City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development) 3. Treasurer Information 4. Custodian of Books Information a. Full Name Jack H. Campbell Jr. b. Mailing Address (include City, State, and Zip Code) 1208 Brookstown Ave Winston-Salem, NC 27101 c. Phone Number 336-687-0193 Jackcampbell@triad.rr.com 1 prefer to receive notices by email D. Femove J. Full Name J. Full Nam		· · · · · · · · · · · · · · · · · · ·			e. Phone Number	
a. Full Name City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development)  3. Treasurer Information a. Full Name Jack H. Campbell Jr. b. Mailing Address (include City, State, and Zip Code) 1.208 Brookstown Ave Winston-Salem, NC 27101 c. Phone Number 1. Perfer to receive notices by email 1. Peniove 1. Purpose  (none)  A. Mailing Address (include City, State, and Zip Code) 1. Purpose  depositing donations and paying expenses  C. Phone Number  d. Email Address  c. Phone Number  A. Full Name Jack H. Campbell Jr.  D. Mailing Address (include City, State, and Zip Code)  1. Penior Number  A. Email Address  3.36-687-0193  Jackcampbell@triad.rr.com  3.36-687-0193  Jackcampbell@triad.rr.com  1. Prefer to receive notices by email  Mayes No  C. Phone Number  A. Full Name NewBridge Bank  D. Purpose  depositing donations and paying expenses  C. Account Code C. Type C1  C. Phone Number  C. Deckaration  C. Declaration  Support  C. Deckaration  A. Custodian of Books Information  a. Full Name Jack H. Campbell Jr.  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing					336-687-0193	
City of Winston-Salem Bonds (Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development)  3. Treasurer Information  a. Full Name  Jack H. Campbell Jr.  b. Mailing Address (include City, State, and Zip Code)  1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number  Jack H. Campbell@triad.rr.com  I prefer to receive notices by email \( \text{Y} \) ye \( \text{Not} \) No  I prefer to receive notices by email \( \text{Y} \) ye \( \text{Not} \) No  Add  a. Full Name  I prefer to receive notices by email \( \text{Y} \) yes \( \text{Not} \) No  Naviling Address (include City, State, and Zip Code)  I prefer to receive notices by email \( \text{Y} \) yes \( \text{Not} \) No  I prefer to receive notices by email \( \text{Y} \) yes \( \text{Not} \) No  Naviling Address (include City, State, and Zip Code)  I prefer to receive notices by email \( \text{Y} \) yes \( \text{Not} \) No  I prefer to receive notices by email \( \text{Y} \) yes \( \text{Not} \) No  NewBridge Bank  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  depositing donations and paying expenses  C-1 checking  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. Funds are commingled with prohibited or other non-disclosed funds. Funds are commingled with prohibited or other non-disclosed funds. Funds have of Sieure.		rmation				
(Street & Sidewalk, Public Safety Facilities, Parks & Recreation, Housing, and Economic Development)  3. Treasurer Information  a. Full Name  Jack H. Campbell Jr.  b. Mailing Address (include City, State, and Zip Code)  1208 Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Email Address  Jack Email Address jackcampbell@triad.rr.com  I prefer to receive notices by email  Tyes  No  Mailing Address (include City, State, and Zip Code)  I prefer to receive notices by email  May be a family address include City, State, and Zip Code)  NewBridge Bank  D. Mailing Address (include City, State, and Zip Code)  Lead G. Account Information (incl. CRO-3500)  Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  depositing donations and paying expenses  C. Account Code  C. Type  C-1  Checking  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.	a. Full Name	2.11.2	b. Date of Referendum	l		
Housing, and Economic Development    3. Treasurer Information   A. Custodian of Books Information   a. Full Name   Jack H. Campbell Jr.	CITY OF VVINSTOR	1-Salem Bonds	11/4/14			
a. Full Name  Jack H. Campbell Jr.  b. Mailing Address (include City, State, and Zip Code)  1208 Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  Lemail Address  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, NC 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, Nc 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, Nc 27101  c. Phone Number  Jack Brookstown Ave  Winston-Salem, Nc 27101  c. Phone Number  Ja	Housing, and Economic	ic Development)	11/4/14		Uppose	
Jack H. Campbell Jr.  b. Mailing Address (include City, State, and Zip Code)  1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number Jack Email Address Jack Email Address Jack Email Address Jack Email City, State, and Zip Code)  Leading Address (include City, State, and Zip Code)  1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number Jack Email Address Jack Email Address Jack Email Address Jack Email Copy of notices  6. Account Information (incl. CRO-3500)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose D. Email Copy of notices  C-1  Checking  CERTIFICATION  Leading Address (include City, State and that no funds are commingled with prohibited or other non-disclosed funds. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Siners  D. Mailing Address (include City, State, and Zip Code)  Jack H. Campbell Jr.  Printed Name of Siners  Jack H. Campbell Jr.  Jack H. Campbell Jr.  Jack H. Campbell Jr.  Printed Name of Siners	The same of the control of the contr	aation	4. Custodian of Bo	oks Informa	ation	
b. Mailing Address (include City, State, and Zip Code)  1208 Brookstown Ave Winston-Salem, NC 27101  c. Phone Number 336-687-0193  Jackcampbell@triad.rr.com  I prefer to receive notices by email  Yes No  Email copy of notices  5. Assistant Treasurer Information NewBridge Bank  NewBridge Bank  NewBridge Bank  NewBridge Bank  NewBridge Bank  D. Purpose depositing donations and paying expenses  Email copy of notices  C. Account Code D. Purpose C. Account Code D. Purpose D. Email copy of notices  C. Account Code D. Purpose D. C. Account Code D. C. Account Code D. Purpose	a. Full Name		a. Full Name		MARITAL MANAGEMENT CHILDREN CONTROL CO	
1208 Brookstown Ave Winston-Salem, NC 27101  C. Phone Number						
Winston-Salem, NC 27101  C. Phone Number   d. Email Address   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   I prefer to receive notices by email   Yes   No   Email copy of notices    S. Assistant Treasurer Information   Add   Remove   Add   Financial Institution Full Name   Add   Remove   NewBridge Bank    D. Mailing Address (include City, State, and Zip Code)   D. Purpose   d. Email Address   C. Account Code   d. Type    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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.   Jack H. Campbell Jr.   Jack H. Campbell Jr.    Printed Name of Simps   Jackcampbell Jr.   Jack H. Campbell Jr.   Jack H. Campbell Jr.    Winston-Salem, NC 27101    Winston-Salem, NC 27101    L. Email Address   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com    Jack H. Campbell Jr.   Jackcampbell Jr.   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com    Winston-Salem, NC 27101    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com    Winston-Salem, NC 27101    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com   Jackcampbell@triad.rr.com    Winston-Salem, NC 27101    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com    Winston-Salem, NC 27101    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com    Winston-Salem, NC 27101    Jack H. Campbell Jr.   Jackcampbell@triad.rr.com    Jack H. Campbell Jr.   Jackcccomplete    Jack H. Campbell Jr.   Jackcccomplete			b. Mailing Address (inc	clude City, Stat	te, and Zip Code)	
c. Phone Number   d. Email Address   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   I prefer to receive notices by email     Yes   No     Email copy of notices    5. Assistant Treasurer Information     Add   G. Account Information   (incl. CRO-3500)     Add   Remove   a. Financial Institution Full Name   Remove    6. Account Information   (incl. CRO-3500)     Add   Remove   A. Full Name   Remove   Remove    7. Mailing Address (include City, State, and Zip Code)   b. Purpose   depositing donations and paying expenses    8. Phone Number   d. Email Address   c. Account Code   d. Type    8. Centify 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. further certify that this report is complete, true and correct.  8. Jack H. Campbell Jr.   9/19/14		· · · · · · · · · · · · · · · · · · ·	1208 Brookstown Ave			
c. Phone Number   d. Email Address   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   336-687-0193   jackcampbell@triad.rr.com   I prefer to receive notices by email     Yes   No     Email copy of notices     Add			Winston-Salem, NC 27101			
I prefer to receive notices by email  Yes  No  Email copy of notices  5. Assistant Treasurer Information  Add  G. Account Information  (Inct. CRO-3500)  XI Add  A. Full Name  Remove  A. Financial Institution Full Name  Remove  (None)  NewBridge Bank  5. Mailing Address (Include City, State, and Zip Code)  D. Purpose	c. Phone Number	d. Email Address				
5. Assistant Treasurer Information	336-687-0193	jackcampbell@triad.rr.com	336-687-0193	jackcam	pbell@triad.rr.com	
a. Full Name (none)  NewBridge Bank  NewBridge Bank  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  depositing donations and paying expenses  C. Account Code  C-1  Checking  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Singer			☐ Email copy of	notices		
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b. Purpose depositing donations and paying expenses  c. Account Code Email copy of notices  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.	a. Full Name	L_ Remove	a. Financial Institution	Full Name	Remove	
depositing donations and paying expenses  c. Account Code  d. Type  C-1 checking  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.			NewBridge Bank			
Email copy of notices  C-1 checking  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.	o. Mailing Address (inclu	ide City, State, and Zip Code)	b. Purpose			
Email copy of notices  C-1 checking  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. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.			depositing donations and paying expenses			
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Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.  9/19/14	CERTIFICATION	:	<u> </u>	<u>.</u>		
Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. further certify that this report is complete, true and correct.  Jack H. Campbell Jr.  Printed Name of Signer.  9/19/14	I certify that the Cor	mmittee or Fund is in compliance with a	ıll applicable provisio	ns of Article	22A, 22B & 22D-22M of	
Jack H. Campbell Jr.  Printed Name of Signar  Printed Name of Signar  9/19/14	Chapter 163 of the N	NC General Statutes and that no funds ar	re commingled with p	prohibited or	other non-disclosed funds. I	
Printed Name of Signar	further certify that if	his report is complete, true and correct.		n		
Printed Name of Signer			à Cambell	/ L	9/19/14	
	Printed i	Name of Signer Sig	nature of Applointed Treas	uler		

## Disclosure Report Cover

1. Committee Information

Amendment □ Yes

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.

FIRSYTH MUNEY a. Full Name c. ID Number FORWARD TOGETHER WINSTON-SALEM 2014 SEP 19 AM IO: 28 b. Mailing Address (include City, State and Zip Code) d. Date Filed 315 NORTH SPRUCE STREET, SUITE 215 09/19/2014 WINSTON-SALEM, NC 27101 e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2014 JACK H CAMPBELL JR 09/10/2014 09/19/2014 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 🗖 Joint Fundraiser ☐ PAC П Organizational Organizational C Organizational X Referendum Legal Expense Fund Thirty-five day Oparterly ☐ Pre-referendum 7. Type of Fund (if applicable, check one) Pre-primary First ☐ Final 🔲 "Booster Frand" Pre-election Second Supplemental Final Building Fund Pre-mnoff Third Annual ■ Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Pinal. Year End 8. Number of Fundraisers this Report Special ☐ Final ☐ Speciat 3 Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name NEWBRIDGE BANK b. Purpose c. Account Code b. Purpose c. Account Code DEPOSITING C-1 DONATIONS AND d. Period Begin Balance PAYING EXPENSES d. Period Begin Balance \$ 0.00 \$ 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. Signature of Appointed Treasurer 09/19/2014 Printed Name of Signer Date FOR OFFICE USE ONLY 9-19-14 Delivery Method Date Received: Employee Normal Mail ☐ Registered Mail Date Postmarked: Employee Hand Delivered ☐ Electronically Filed Date Scanned: Employee Signer has not received Date Data Entered: Employee 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 X 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 FORWARD TOGETHER WINSTON-SALEM 2014 Organizational Total this Start of Election Cycle: January 1, Total this **20**14 Reporting Period **Election Cycle** 4) Cash on Hand at Start 0.00 \$ 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 50.00 \$ 50.00 6) Contributions from Individuals (CRO-1210) \$ 0.00 \$ 0.00 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 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 0.00 0.00 1) 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 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 50.00 50.00 EXPENDITURES 3) 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 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 0.00 (5) Loan Repayments (CRO-1420) \$ \$ 0.00 0.00 (6) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ \$ 0.00 0.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 0.00 \$ 0.00 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 50.00 50.00 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

		outions from I			1	Amendmen Yes	nt No
1. Committe	ee Full Name (and	Fund if applicable)	From Individuals of \$		2 10 1	Number	Mosjakije en Bak
		INSTON-SALEM			4.11	THIRE!	
3. Contribu	tor Information				differences as an	0.00556949	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/c	dd/vvvv)	f. Amount	
☐ Add ☐ Remove	C-1	Check		09/17/2014 \$		s	50.00
4. Total o	nly this Page			<del></del>	<b></b>	<u></u>	\$50.00
	f ALL CRO-12 nust be on line 5 of D	205 Pages etailed Summary Page	CRO-1100)		\$		\$50.00
CRO-1205			C State Board of Elections		<u> </u>		April 2007