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.

Do not use uns i	orm to update in	tormation.	and a second	and stated states and	Commission of the owner of the own	IT COULT	
1. Committee In	nformation	<b>建筑</b> 1111	和設立的認識		an establish	CEMEES.	
a. Full Name				2619	MAR 2	2 011 0	c. ID Number
S. BINKLI	Ey			2010	TIMN 24	2 PM 3:	36
b. Mailing Address	(include City, State	and Zip Code)		F	PEPE	IVED	d. Date Filed
135 CLOVE	RHURST Cov	RT			has had been	IVEU	
WINSTON S.	ALEM, NC,	27103					e. Phone Number
							336.413.8507
2. Report Year	3. Period Start	Date (mm/dd/y	y) 4. Period E	nd Date (	mm/dd/yy)		er Full Name
2017	10-10-1		11-4-	•			SCOTT BINKLEY
6. Type of Com	mittee (Check O	ne) 9	, Type of Rep	ort (chec	k only one	e type of repo	ort from one category)
Candidate Cam	and the second s		Iunicipal		ate/County		Referendum
D PAC		rendum	Organizational	-	] Organiza		Organizational
	apenditure 🔲 Joint	Fundraiser	Thirty-five day		Quarterly		Pre-referendum Final
Legal Expense	Fund	l!	Pre-primary		Firs Sec		Supplemental Final
			Pre-election Pre-runoff		Thi		Annual
7. Type of Fund	l (if applicable,	спеск опеј	Semi-annual		Fou		Special
Booster Fund Building Fund			Mid Year	.	Semi-anr		
Bunung Fund		li	Year End			i Year	10. Special Report Name
Other:		li	Final	Ē	Yea	r End	•
	undraisers this	Report	Special	ĪĒ	Final		
					Special		
11. Account Inf	Cormotion	en en en en en en en en		11. Accou	unt Infor	mation	
a. Financial Institu	statement in the second s			and the second sec		n Full Name	
	FEDERAL CRE	DIT I MIR	N				
b. Purpose	EVERAL LAG	c. Account Cod		b. Purpose			c. Account Code
-		bink 358	R				
1 AMPAION							d. Period Begin Balance
	u. i titou brg			n Balance			
		\$					\$
CERTIFICAT	ION						
I certify that the	Committee or Fur	nd is in complia	nce with all appl	icable prov	visions of A	article 22A, 22	2B & 22D-22M of Chapter 163
of the NC Gene	ral Statutes and that	at no funds are	commingled with	prohibited	l or other n	on-disclosed i	funds. I further certify that this
report is comple	ete, true and correc	t and that I hav	e been trained by	the NC St	ate Board o	of Elections.	
Sam	- BINKLEY		Xaa	UK	1		
SCOTT	01 -1			nature of Ap	M	acurar	Date
	Printed Name of Sign	er	Sig	nature of Al	opointed fre	asurer	Date
FOR OFFICE	USE ONLY	ladia	,		h	De	elivery Method
Date Receiv	ved:	100112	Emplo	yee: 📶	2	— <u> </u>	Normal Mail
enter a					0	F	Registered Mail
Date Postm	arked:		_ Emplo	yee:		— T	Hand Delivered
						Ē	Electronically Filed
Date Scann	ed:		- Emplo	yee:			- ot
Date Data I	Entered:		Emplo	yee:		L	Signer has not received mandatory training
Please No	te: This form es	unnot be used	to amend comn	nittee info	rmation su	uch as the co	mmittee address, treasurer,
	assistan	t treasurer, cu	stodian of book	s information	tion, or ac	count inform	nation.
	You must amend	the Statement	of Organizatio	n (CRO-2	100A-E)	to make com	mittee changes.
CRO-1000			NC State Bo	ard of Election	ons		August 2008
0110-1000							

## **Detailed Summary**

Amendment	
T 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 S. BINKLEY Total this Total this 2017 Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) S \$ 988.49 988.49 \$ (CRO-1210) 6) Contributions from Individuals \$ 7) Contributions from Political Party Committees \$ (CRO-1220) \$ \$ (CRO-1230) \$ 8) Contributions from Other Political Committees \$ 9) Loan Proceeds (CRO-1410) \$ \$ \$ (0) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources \$ (CRO-1250) \$ 11a) Interest on Bank Accounts \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ \$ (CRO-1265) **11e) Exempt Purchase Price Sales** 988.49 988.49 \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements \$ 13a) Operating Expenditures (CRO-1310) \$ \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) \$ **13c)** Coordinated Party Expenditures \$ (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ \$ (CRO-1420) 15) Loan Repayments \$ 16) Refunds/Reimbursements from the Committee \$ (CRO-1320) \$ 625.00 \$ 625.00 (CRO-1510) 17) In-Kind Contributions 625.00 625.00 \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ \$ (CRO-1610) 22) Debts and Obligations owed by the Committee \$ 23) Debts and Obligations owed to the Committee (CRO-1620) (CRO-1720) \$ 24) Account Transfers Within the Committee \$ (CRO-1710) \$ 25) Administrative Support \$ (CRO-1440) \$ 26) Forgiven Loans (CRO-2220) \$ \$ 27) 48-Hour Notice Reports Sum \$ (CRO-1215) \$ 28) Contributions to be Refunded August 2008 NC State Board of Elections CRO-1100

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         2. BINKLEY       2. ID Number         3. Contributor Information       Add T Remove         4. Full Name, Mailing Address & Phone       b. Job Title/Profession       d. Comments         (include city, state, & zip)       TEACHER       e. Election Sum to Date         JILL MONROE       e. Election Sum to Date       \$ Job 700.00         (Include city, state, & zip)       TEACHER       e. Election Sum to Date         JILL MONROE       e. Election Sum to Date       \$ Job 0.00         (Include city, state, & zip)       I. In-Kind Description       J. Date (mm/dd/yyyy)         K Amount       II · 3·20/7       \$ 10 0.00         I       CHECK       II · 3·20/7       \$ 10 0.00         I       S       S       S       S         3. Contributor Information       S       S       S       S         3. Contributor Information       J. Job Title/Profession       d. Comments
S. BINKLEY         3. Contributor Information         a. Full Name, Mailing Address & Phone         (include city, state, & zip)         JILL MONROE         (include city, state, & zip)         Left         Discount Code       h. Form of Payment         I. In-Kind Description       j. Date (min/dd/yyyy)         k. Amount         III · 3 · 20 / 7       \$ 10 0 · 00         S       S         3. Contributor Information       S         3. Contributor Information       S         3. Contributor Information       S         3. Full Name, Muiling Address & Phone <tr< td=""></tr<>
3. Contributor Information       Add       Remove         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Job Title/Profession       d. Comments         JILL MONROE 4500 ASBURY PLACE DRIVE CLEMMONS, NC 27012.       TEACHER c. Employer's Name/Specific Field       e. Election Sum to Date         Image: State of the state
a. Full Name, Mailing Address & Phone       b. Job Title/Profession       d. Comments         (include city, state, & zip)       JILL MONROE       TEACHER         USOO ASBURY PLACE DRIVE       Employer's Name/Specific Field       e. Election Sum to Date         CLEMMONS, NC 27012.       In-Kind Description       J. Date (mm/dd/yyyy)       k. Amount         Image: Check in the state in
(include city, state, & zip) JILL MONRDE 4500 ASBURY PLACE DRIVE CLEMMONS, NC 27012. I. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CHECK. CLEMER C. Employer's Name/Specific Field e. Election Sum to Date \$ 100.00 I. Prior g. Account Code h. Form of Payment i. In-Kind Description I. Date (mm/dd/yyyy) k. Amount II- 3-2017 \$ 100.00 \$ 3. Contributor Information S S Contributor Information I. Date (mm/dd/yyyy) k. Amount CHECK. II- 3-2017 \$ 100.00 S Contributor Information I. Date (mm/dd/yyyy) k. Amount II- 3-2017 \$ 100.00 S Contributor Information I. Job Title/Profession I. Date (mments
JIL MONROE       7 EACHER         4500 ASBURY PLACE DRIVE       c. Employer's Name/Specific Field         CLEMMONS, NC 27012.       e. Election Sum to Date         I. Prior       g. Account Code       h. Form of Payment         I. Prior       g. Account Code       h. Form of Payment         I. Prior       g. Account Code       h. Form of Payment         I. Prior       g. Account Code       h. Form of Payment         I. Date (mm/dd/yyyr)       k. Amount         II       II- 3-2017       \$ 100.00         S       \$       \$         S       \$       \$         Add       Remove       \$         Add       Remove       4. Comments         In Anne, Mailing Address & Phone       b. Job Title/Profession       d. Comments
SILL PUCKADE         4500 ASBURY PLACE DRIVE         CLEMMONS, NC 27012.         E. Prior g. Account Code         h. Form of Payment         I. In-Kind Description         J. Date (mm/dd/yyyy)         k. Amount         III - 3-2017         \$ 100.00         S         S         S         S         S         S         S         S         S         S         S         S         S         S          S         J. Date (mm/dd/yyyy)         k. Amount         III - 3-2017         S
CLEMMONS, NC 27012.       e. Election Sum to Date         I. Prior       g. Account Code       h. Form of Payment       i. In-Kind Description       j. Date (mm/dd/yyyy)       k. Amount         III       CHECK.       III-3-2017       \$ 100.00         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
S 100.00         f. Prior       g. Account Code       h. Form of Payment       i. In-Kind Description       J. Date (mm/dd/yyyy)       k. Amount         CHECK.       11-3-2017       \$ 100.00         S       \$       \$         S       \$       \$         S       \$         Add       Remove         Lob Title/Profession       d. Comments
f. Prior       g. Account Code       h. Form of Payment       i. In-Kind Description       j. Date (mm/dd/yyyy)       k. Amount         Image: Im
Image: Check in the second
Image: Contributor Information     \$       3. Contributor Information     S       a. Full Name, Muiling Address & Phone     b. Job Title/Profession       (include city, state & zin)     Image: Contributor difference
3. Contributor Information     \$       a. Full Name, Muiling Address & Phone     b. Job Title/Profession       (include city, state & zin)
3. Contributor Information
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments
(include city, state, & zip)
Nome MAKEP
DERRA NELSON
140 ALMONT FOREST DRIVE
CLEMMONS, NC 21012
\$ 500.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Description J. Date (mm/dd/yyyy) k. Amount
CHECK 10.23.2017 \$ 500.00
□ \$
3. Contributor Information
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments
(include city, state, & zip) TEACHER
SCOTT BINKLEY 135 CLOVERHURST COURT WINSTON SALEM, NC 27103 Election Sum to Date 2703
135 CLOVERHURST COURT E. Election Sum to Date
WINSTON SALEM, NL LINDS
\$ 388.49
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount
□ CASH 10-10-2017 \$ 100.00
□ TRANSFER 11-4-2017 \$ 288.49
□ \$ 
4. Total only this Page \$ 988.49
5 Total of ALL CR0-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210 NC State Board of Elections April 2007

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## **In-Kind Contributions**

Pg \_\_\_\_ of \_\_\_

Amendment No No **Yes** 

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. 11	O Number	
S. BINKLEY					
3. Contributor Information	Add 🗖 Rer	nove		and the second second	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outor	c. Co	mments	
CLIMMONS CITIZENS WANT A VOICE 5931 GREENHAVEN DRIVE	Party PAC				
WINSTON SALEM, NC 27103	Referendum Other Receipt	Source	d. Election Sum to Date		
				\$ 275.00	
e. Description		f. Date (mm/dd/yyy	y) (	g. Fair Market Amount	
CLÉMMONS COURIZE AD		10-24-2017		\$ 50.00	
CLAMMONS COURTER AD		10.31.2017	-	\$ 50.00	
POST CAROS		10-30.201	7	\$175.00	
3. Contributor Information		nove	la Ca	mments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outor	C. C0	annents	
CLEMMONS CITIZENS WANTA VOICE	Candidate				
5931 GREENHAVEN DRIVE	PAC		d El	ection Sum to Date	
WINSTON SALEM, NC, 27103	Other Receipt	int Source			
	The second			350.00	
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
U.S. JOURNAL AD		11.1.2017		\$ 350.00	
				\$	
				\$	
3. Contributor Information		move	la C	omments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri Individual Candidate Party PAC	DUIOF		линентэ	
	Cher Receip			lection Sum to Date	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page			\$	625.00	
5. Total of ALL CRO-1510 Pages			\$		
(This line must be on line 17 of Detailed Summary Page CRO-1100)	Roard of Elections	的思想的思想。		December 200	

Pg \_\_\_\_\_ of

Amendment No No Yes

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
S. BINKLEY			
3. Contributor Information	Add 🔲 🗖 Rei	nove 斗 🗧	
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Comments
(include city, state, & zip)	Individual		
CLIMMONS CITIZENS WANT A VOICE	Candidate		
	Party		
	PAC Referendum		d. Election Sum to Date
	Other Receipt	Source	
· · · · · · · · · · · · · · · · · · ·			\$ 625.00
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
COURIER AD			\$ 100.00
JOURNAL AD			\$ 350.00 \$175.00
JOURNAL AND POST CARDS			\$175.00
3. Contributor Information	Add 🔲 Rei	1.0.0 10 4	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments
(include city, state, & zip)	Individual		
1	Candidate		
	Party PAC		
	Referendum		d. Election Sum to Date
	Other Receipt	t Source	
			\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information	Add 🔲 Re	move	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments
(include city, state, & zip)			
	Candidate		
	Party		
	Referendum		d. Election Sum to Date
	Other Receip	t Source	
·			\$
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount
	_		\$
			\$
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4. Total only this Page			\$
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$
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Disbursements

of	

Amendment

🗖 No 🔲 Yes Pg Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)				Article and an article and a second s	* 2	, ID Number
S. BINK								
3. Type of Disb	ursement <u>(Please</u>				ach i			
Operating Expe		tributions to Candidat					dinated	Party Expenditures
4. Payee Inform			· · · · · · · · · · · · · · · · · · ·	with a second se		love		Commonts
	ailing Address & Pho	one Second		o. Coordinate	a Coi	mmittee Name		. Comments
	& zip)		<u> </u>					
BUILD A				c. Level Regist	tered	(Specify)	1997) 1997) 1997)	
	STONEHOLLOW	1 DRIVE		Federal		County:	<u> </u> ]	and a second and the second
SUITE 100				State		Municipal		. Election Sum to Date
	TX 78758					\$ 288.49		
f. Account Code ·	g. Form of Payment		i. Date (r	nm/dd/yyyy)	j. An		ĸ. Rec	juired Remarks
	VISA B 8.11			4.2017	\$ Z,	88.49		
					\$			
4. Payee Inform	nation			8.17 maa	A A A A A A A A A A A A A A A A A A A	noye		
	ing Address & Phone		Transfer of	b. Coordinate	d Co	mmittee Name		l. Comments
(include city, sta								
WOOTEN G	FRAPHICS			C. Level Denis	teror	l (Specify)		
DRAWSE	819			Federal		County:		
JANE I CALAE	, NC 27374	4		State		Municipa	lity: e	Election Sum to Date
walland							1	\$ 401.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j, Aı	nount	k. Re	quired Remarks
	VISA	B	10-1	13-2017	\$ 7	200.00	<u> </u>	
	CASH		10-	13-2017	\$ 2	201.25		
4. Payee Inform	Contraction of the Contraction of the					nove		
Annothern Baseries and Color Internet	ling Address & Phone			b. Coordinate	ed Co	mmittee Name	8.**** <u>*</u>	d-Comments
(include city, sta	ite, & zip)		· ****	:				
C.L.EMMO.	NS COURIER			C. Level Ronie	stere	d (Specify)		
DA BOX 7	165			Federal County:				
PIEMMAN	rs, NC Z701	2		State		Municipa	ality:	e. Election Sum to Date
L'LCM MOR				[			Ţ	\$ 250.00
		an 121 av 121	h		9 <b>5</b> 5 5 4 7	Manakar Are	Je D	quired Remarks, +
f. Account Code				(mm/dd/yyyy)				
	_VISA	<u> </u>	10.	23-2017		250.00		
					\$			
5. Total only t	his Page							<u>\$ 939.74</u>
Markar - Law	L CRO-1310 Pages				n fér			
(This line voes i	in line 13a of Detailed Su	mmary Page CRO-1	100 if Op	erating Expens	res)			\$
(This line goes i	in line 13h of Detailed Su	mmary Page CRO-1	100 if Col	ntrib to Candid	lates/	Political Comn	r)	
(This line goes i	in line 13c of Detailed Su	mmary Page CRO-1	100 if Co	ordinated Party	y Exp	enditures)		
	Odes (List detailed	d expenditure coc	le in (h.	) above)	2017 1017		<u>.</u>	her Condidate
A* - Media	B* - Print	ing	C* - I	undraising		01 - U कि कि कि कि कि कि कि कि	AIIO [6]di-	her Candidate
E - Salaries	F*-Equi	pment	`G - P( `K*_'∕	office Exper	nses		onat	ion to Legal Expense Fund
I - Postage O* Other	J - Penalt		e			· · · · ·	 سيبيرون ج	
* Codes requ	ire detailed explana	tion in required	remark	s field (k)				December 200
CRO-1310			C State Bo	oard of Election	S			December 200