

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 Marilynn Baker for School Board			c. ID Number 1CQKZA	
b. Mailing Address (include City, State and Zip Code) 209 Rockford Rd Kernersville, NC 27284			d. Date Filed 1-10-19	
			e. Phone Number 336-813-6556	
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 10-21-18	4. Period End Date (mm/dd/yy) 12-31-18	5. Treasurer Full Name Marilynn Baker	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report 0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name		
b. Purpose Checking	c. Account Code 01	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 500-		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 of Elections.				
Marilynn Baker Printed Name of Signer		[Signature] Signature of Appointed Treasurer		1-10-19 Date
FOR OFFICE USE ONLY				
Date Received: 1/10/19	Employee: [Signature]	Delivery Method		
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned:	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
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
Marilynn Baker for School Board		4Q	1CQKZA
Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 500	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 378.90	\$ 1766.69	
7) Contributions from Political Party Committees (CRO-1220)	\$ 50 -	\$ 50 -	
8) Contributions from Other Political Committees (CRO-1230)	\$ 400 -	\$ 400 -	
9) Loan Proceeds (CRO-1410)	\$	\$ 500 -	
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 Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 828.90	\$ 2716.69	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 416.64	\$ 416.64	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$ 483.36	\$ 483.36	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 50 -	\$ 50 -	
17) In-Kind Contributions (CRO-1510)	\$ 378.90	\$ 1766.69	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1328.90	\$ 2716.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$ 16.64	\$ 16.64	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$ 50 -	\$ 50 -	

Contributions from Individuals

Pg 1 of 1 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	
Marilynn Baker for School Board					JCQKZA	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Valerie LeCoeur Brockenbrough 455 Carolina Circle Winston-Salem, NC 27104 336-624-5115				Business Owner		
				c. Employer's Name/Specific Field Zoe B Organics (baby products)		
				e. Election Sum to Date \$ 518.90		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-Kind	Facebook promo	10/21/2018	\$ 50 -	
<input type="checkbox"/>	-	In-Kind	Face book promo	10/28/2018	\$ 50 -	
<input type="checkbox"/>	-	In-Kind	face book Promo	10/29/2018	\$ 60 -	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Valerie LeCoeur Brockenbrough (see above)						
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 518.90		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-Kind	Facebook Promo	11/6/2018	\$ 118.90	
<input type="checkbox"/>	-	In-Kind	Facebook Promo	11/6/2018	\$ 100 -	
<input type="checkbox"/>	-				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 378.90	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 378.90	

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) Marilynn Baker for School Board					2. ID Number 1CQKZA	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AL Vans Advertising 3290 Vans Dr. Burlington, NC 27215 336-226-7400				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 416.64
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/26/18	j. Amount \$ 416.64	k. Required Remarks Yard signs	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks	
5. Total only this Page						
					\$ 416.64	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
					\$ 416.64	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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)						

Loan Repayments

Use this form to report payments on an existing loan.

Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Marilynn Baker for School Board				JCQKZA	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Marilynn Baker 209 Rockford Rd Kernersville, NC					
				c. Original Loan Date	
				10/18/2018	
				d. Original Loan Amount	
				\$ 500.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ WAS 500 - now 16.64	01	check	12/28/18	\$ 483.36	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 483.36	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 483.36	

Refunds/Reimbursements From the Committee

Pg 1 of 1

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		
Marilynn Baker for School Board			1CQKZA		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
Marilynn Baker 209 Rockford Rd Kernersville, NC 27284			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		(during campaign) 12-28-18
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50-
			f. Purpose Code		j. Election Sum to Date
			P (office supplies)		\$ 50-
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Retired Educator		UNCG (Retired Educator)		01	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
check	office supplies (paper, ink (HP), etc.)			12-28-2018	\$ 50-
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 50-
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 50-
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)					

Pg 1 of 1

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.

December 2007

Forgiven Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Marilynn Baker for School Board		1CQKZ4	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Marilynn Baker 209 Rockford Rd Kernersville, NC 27284		orig \$500.00 Paid 483.36 12/28/2018	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		10/18/2018	\$ 500-
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$ 500-	
		e. Remaining Loan Balance	h. Forgiven Amount
		\$ 16.64	\$ 16.64
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
			\$
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$	
		e. Remaining Loan Balance	h. Forgiven Amount
		\$	\$
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
			\$
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$	
		e. Remaining Loan Balance	h. Forgiven Amount
		\$	\$
4. Total only this Page		\$ 16.64	
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)		\$ 16.64	
The lender information should contain the same information as supplied on the original loan proceed statement.			

Contributions to be Reimbursed

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Marilynn Baker for School Board		1CQ KZA	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Marilynn Baker 209 Rockford Rd Kernersville, NC 27284		same	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Misc. office supplies (paper, ink, staples, etc.) Estimated (low)	12-28-19		\$ 50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$ 50.00
4. Total only this Page		\$ 50-	
5. Total of ALL CRO-1215 Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)		\$ 50-	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Forgiven Loan Statement

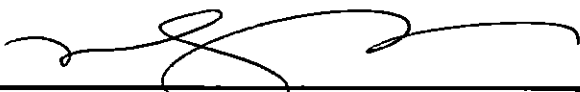
This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.


This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender:	Marilynn Baker
Committee receiving loan:	Marilynn Baker for School Board
Date of loan:	10/18/2018
Amount of original loan:	\$ 500
*Amount of loan to be forgiven:	\$16.64

I, Marilynn Baker, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.


Signature of Lender Marilynn Baker


Signature of Committee Treasurer Marilynn Baker