

# 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

## 1. Committee Information

a. Full Name

Campaign for Marsie West

c. ID Number

7C6QV9

b. Mailing Address (include City, State and Zip Code)

331 Carolina Circle  
Winston Salem, NC 27104

d. Date Filed

12/17/2023

e. Phone Number

336-970-8151

2. Report Year

2023

3. Period Start Date (mm/dd/yy)

12/07/23

4. Period End Date (mm/dd/yy)

12/31/23

5. Treasurer Full Name

Maribeth T. Tanen

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

9. Type of Report (check only one type of report from one category)

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

Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

8. Number of Fundraisers this Report

10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Truist Bank

b. Purpose

Campaign  
donations and  
expenses

c. Account Code

1

d. Period Begin Balance

\$ 0.00

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Maribeth T. Tanen

Printed Name of Signer

Maribeth T. Tanen

Signature of Appointed Treasurer

1/26/24

Date

## FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

Date Postmarked:

Employee:

☐ Normal Mail

Date Scanned:

Employee:

☐ Registered Mail

Date Data Entered:

Employee:

☐ Hand Delivered

☐ Electronically Filed

☐ Signer has not received 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.

CRO-1000

NC State Board of Elections

August 2008

### Aggregated Contributions from Individuals

Page 1 of 1

### Amendment

☐ Yes☐ No

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

[illegible]

# Loan Proceeds

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Campaign for Marsie West				7 C Q Q V 9	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Marsie West 331 Carolina Circle Winston Salem, NC 27104 336-970-8151		Consultant			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		Enosys Group Financial Systems Consulting		12/08/2023	
				<b>f. End Date (mm/dd/yyyy)</b>	
				12/31/2024	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>		<b>k. Amount</b>
0%	Cash	6	transfer of cash from personal bank acct		\$ 300.00
<b>l. Full Name of Lending Institution</b>					<b>m. Loan Number</b>
Self					
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
Marsie West 331 Carolina Circle Winston Salem, NC 27104		Consultant		Enosys Group Financial Systems Consulting	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		100 %		\$ 300.00	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
<b>5. Total of ALL CRO-1410 Pages</b> (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 300.00





# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

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

- Name of committee to receive loan: Campaign for Marsie West
- Person or committee to make loan: Marsie West
- Date of loan to committee: 12/08/2023
- Name of lending institution (source):  
Truist Bank personal checking account
- Amount of loan: 300.00
- Description (if in-kind loan): Cash
- Names of all parties responsible for payment of loan (guarantors):  
Marsie West
- Period of loan: ending 12/31/2024
- Rate of interest of loan: 0.0%
- Security pledged for loan: Cash

I, Marsie West, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

Signature of Lender

1/25/24

Date Signed

Marsie West

1/25/24

Signature of Treasurer of Committee

Date Signed

# 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) <u>Campaign for Marsie West</u>					2. ID Number <u>7CQQV9</u>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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)			b. Coordinated Committee Name		d. Comments	
<u>FedEx store</u> <u>232 S. Stratford Rd.</u> <u>Winston Salem, NC 27103</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>from</u> <u>Truist acct</u>	<u>B</u>	<u>12/26/2023</u>	<u>\$ 22.15</u>	<u>signs printing</u>	
				\$		
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	
<u>Go Daddy.com, LLC</u> <u>2155 E. GoDaddy Way</u> <u>Tempe, AZ 85284</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>6</u>	<u>Credit card</u> <u>M. West</u>	<u>C</u>	<u>12/28/2023</u>	<u>\$ 59.88</u>	<u>Website for</u> <u>donations</u>	
				\$		
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	
<u>Map Forsyth</u> <u>City-County Geographic</u> <u>Information Office</u> <u>201 N. Chestnut Street</u> <u>Winston Salem, NC 27101</u>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>6</u>	<u>Credit Card</u> <u>M. West</u>	<u>K</u>	<u>12/08/2023</u>	<u>\$ 15.00</u>	<u>Commissioner</u> <u>districts + voting</u> <u>precincts map</u>	
				\$		
5. Total only this Page					\$ <u>82.03</u> <u>97.03</u>	
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)						
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)						

# In-Kind Contributions

Pg 1 of 1

Amendment  
☐ Yes ☐ No

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	
Campaign for Marsie West		7 CQQV9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Marsie West 331 Carolina Circle Winston Salem, NC 336-970-8151		<input type="checkbox"/> Individual	
		<input checked="" type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
County Commissioner - Candidate election filing fee		12/07/2023	\$ 275.00
GoDaddy.com LLC Campaign Website domain registration		12/07/2023	\$ 22.16
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Angela Levine B36 DAK Street #503 Winston Salem, NC 27101 336-575-0790		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign logo design		12/23/2023	\$ 300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 597.16	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 597.16	



32 Paddington Lane  
Winston Salem, NC 27106

2 3330 0001 9241 5538

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



2 3330 0001 9241 5538

U.S. POSTAGE IMI  
\$6.03  
FCMF RDC 99  
Orig: 27106 M8 20  
Dest: 27101  
01/26/24  
2000052307



CPU

FIRST CLASS

Forsyth County Board of Elections  
201 N. Chestnut Street  
Winston Salem, NC 27101

FORSYTH COUNTY  
2024 JAN 29 PM 2:56

FIRST CLASS

2023 Semi-Annual Report

2023 Semi-Annual Report