

COPY

Disclosure Report Cover

FORSYTH COUNTY
BOARD OF ELECTIONS

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 COMMITTEE TO ELECT BRENDA B DIGGS | c. ID Number 538-4SV361-C-001 |
| b. Mailing Address (include City, State and Zip Code) 3609 ANDREA LANE WINSTON SALEM, NC 27105 | d. Date Filed 8/6/2013 08/03/2013 |
| e. Phone Number | |

| | | | |
|------------------------|---|---|--|
| 2. Report Year 2013 | 3. Period Start Date (mm/dd/yyyy) 07/01/2013 | 4. Period End Date (mm/dd/yyyy) 07/30/2013 | 5. Treasurer Full Name LUCRECIA R MOORE |
|------------------------|---|---|--|

| | | | | |
|---|---|---|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check one or two, but not from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | <input type="checkbox"/> Organizational | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Filing (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Final | |
| 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Special | |

| | | | |
|--|--|------------------------------------|-------------------------------|
| 10. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name BRANCH BANKING & TRUST COMPANY | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN CONTRIBUTIONS & EXPENSES | c. Account Code BBD1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 6,431.85 | | 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

Lucrecia R. Moore Lucrecia R. Moore 08/06/2013
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8/6/2013 Employee: Judy Spears 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.

Detailed Summary

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | |
|--|----------------------|-----------------------------|---------------------------|
| COMMITTEE TO ELECT BRENDA B DIGGS | 2013 Thirty-five-day | 538-4SV361-C-001 | |
| Start of Election Cycle: January 1, <u>2013</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 6,631.85 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 364.00 | \$ 570.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 9,100.00 | \$ 16,225.00 |
| 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 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) 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 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 9,464.00 | \$ 16,795.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 3,769.40 | \$ 4,327.60 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 0.00 | \$ 35.95 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1520) | \$ 0.00 | \$ 99.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 4,055.00 | \$ 4,061.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 7,824.40 | \$ 8,523.55 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 8,271.45 | \$ 8,271.45 |
| 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) | \$ 460.00 | \$ 559.00 |

Aggregated Contributions from Individuals

Page 1 of 1

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

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

| 1. Committee Full Name (Full and Applicable) | | | | 2. ID Number | |
|--|-----------------|---------------------|------------------------|----------------------|-----------|
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | 538-4SV361-C-001 | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/03/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/08/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | In-Kind | FILING FEE | 07/05/2013 | \$ 5.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/03/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Cash | | 07/22/2013 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/08/2013 | \$ 40.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/01/2013 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/20/2013 | \$ 49.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Check | | 07/12/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | BBD1 | Electric Funds Tran | | 07/22/2013 | \$ 25.00 |
| 4. Total only this Page | | | | | \$ 364.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 364.00 |

Contributions from Individuals

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 ELECT BRENDA B DIGGS | | | | | 538-4SV361-C-001 | |
| 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 | |
| NIGEL ALSTON 249 BROOKS LANDING DRIVE WINSTON SALEM, NC 27106 | | | CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/16/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| LESLIE M BAKER JR 2034 BUENA VISTA ROAD WINSTON SALEM, NC 27104 | | | BUSINESS OWNER/CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/11/2013 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| TOM E BALDWIN 9104 TORRENCE CREEK COURT HUNTERSVILLE, NC 28078 | | | MARKET MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BB&T | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/10/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 450.00 | |
| 5. Total of All CRO-1210 Pages (This information is also on the online summary report (CRO-1205)) | | | | | \$ 9,100.00 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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) | | | | | | ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | | | 538-4SV361-C-001 |
| 2. 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 | |
| NATHANIEL BARBER 6966 MILLBRIDGE ROAD CLEMMONS, NC 27012 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WSFC SCHOOL SYSTEM | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 | | | UNIVERSITY ADMINISTRATOR | | CASH PAYMENT TO WOOTEN GRPAHICS, INC. FOR DELIVERY OF YARD SIGNS. DOES NOT WANT | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WAKE FOREST UNIVERSITY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,010.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | In-Kind | PAYMENT FOR DELIVERY OF YARD | 07/22/2013 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. 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 | |
| JAMES D BRANCH 224 TOWN RUN LANE WINSTON SALEM, NC 27101 | | | OPHTHAMOLOGIST | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 400.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/03/2013 | \$ 400.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total on this Page | | | | | \$ 750.00 | |
| 5. Total on ALL CRO 1210 Pages | | | | | \$ 9,100.00 | |

Contributions from Individuals

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 ELECT BRENDA B DIGGS | | | | | 538-4SV361-C-001 | |
| 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 | |
| WILLIAM C BROWN 3371 BIG WOODS ROAD WINSTON SALEM, NC 27105 | | | RETIRE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | R J REYNOLDS TOBACCO COMPANY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/09/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| HENRY A BROWN II 2588 CLUB PARK ROAD WINSTON SALEM, NC 27104 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | COR365 | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| RICHARD N DAVIS 809 LYNN DEE DRIVE WINSTON SALEM, NC 27106 | | | RETIRED ACCOUNTANT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/08/2013 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total on this Page | | | | | \$ 500.00 | |
| 5. Total on ALL CRO 1210 Pages (This line will be on line 6 of Detailed Summary Page CRO 1210) | | | | | \$ 9,100.00 | |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ELECT BRENDA B DIGGS | 538-4SV361-C-001 |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| JAMES DELGRANDE 7 WILDWOOD AVENUE MILFORD, CT 06460 | GRAPHIC DESIGNER | |
| | c. Employer's Name/Specific Field | |
| | JAMES DELGRANDE DESIGN | |
| | | e. Election Sum to Date |
| | | \$ 4,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------------|----------------------|-------------|
| <input type="checkbox"/> | BBD1 | In-Kind | CAMPAIGN BRNADING DESIGN AND | 07/04/2013 | \$ 4,000.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| HANDY DOUGLAS 844 GEHRING DRIVE KERNERSVILLE, NC 27284 | RETIRED | |
| | c. Employer's Name/Specific Field | |
| | BAYER COMPANY | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| RONALD J DRAGO 3735 BROWNSTONE LANE WINSTON SALEM, NC 27106 | RETIRED | |
| | c. Employer's Name/Specific Field | |
| | UNITED WAY OF FORSYTH COUNTY | |
| | | e. Election Sum to Date |
| | | \$ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | BBD1 | Check | | 07/01/2013 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|--|-------------|
| 4. Total for this Page | \$ 4,300.00 |
| 5. Total for ALL CRO 1210 Pages | \$ 9,100.00 |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | | | | ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | | 538-4SV361-C-001 |
| 2. 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 | |
| JAMES W FERREE 168 BROOKS LANDING DRIVE WINSTON SALEM, NC 27106 | | | RETIRED | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | METHODIST MINISTER | | |
| | | | e. Election Sum to Date | | |
| | | | \$ 200.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/03/2013 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <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 | |
| SHEILA F FOX 621 LICHFIELD ROAD WINSTON SALEM, NC 27104 | | | HOMEMAKER | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | e. Election Sum to Date | | |
| | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/08/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. 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 | |
| BARBARA J GARY 27 MINDY DRIVE MOORESTOWN, NJ 08057 | | | RETIRED | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | TEACHER (NEW JERSEY) | | |
| | | | e. Election Sum to Date | | |
| | | | \$ 150.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/06/2013 | \$ 150.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| Total for this Page | | | | | \$ 450.00 |
| Total for ALL CRO 1210 Pages | | | | | \$ 9,100.00 |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 ELECT BRENDA B DIGGS | | | | | | 538-4SV361-C-001 |
| 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 | |
| CYNTHIA S GORDINEER 39 HOLMES AVENUE APALACHIN, NY 13732 | | | | PRESIDENT/CEO | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | UNITED WAY | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| GRETA MARIE GRAY 321 LYNN AVENUE WINSTON SALEM, NC 27104 | | | | INTERIOR DESIGNER | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | SELF EMPLOYED | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/07/2013 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| ESTHER J HAGLER 10343 EMERALD ROCK DRIVE OAKTON, VA 22124 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | USAA | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Money Order | | 07/06/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| Total for this Page | | | | | \$ 700.00 | |
| Total for ALL CRO 1210 Pages | | | | | \$ 9,100.00 | |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 ELECT BRENDA B DIGGS | | | | | | 538-4SV361-C-001 | |
| 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 | |
| SHERRI B HARPER 9213 LINDEN TREE LANE CHARLOTTE, NC 28277 | | | | HUMAN RESOURCES SPECIALIST | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | BB&T | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 150.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <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 | |
| BRENDA T HODGE 973 BRYANS PLACE ROAD WINSTON SALEM, NC 27104 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | R J REYNOLDS TOBACCO COMPANY | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | BBD1 | Check | | 07/01/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <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 | |
| ROMENNA JONES 1000 HOLTRIDGE DRIVE APEX, NC 27523 | | | | HOMEMAKER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | BBD1 | Check | | 07/01/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total on this Page | | | | | | \$ 350.00 | |
| Total of ALL CRO 1210 Pages | | | | | | \$ 9,100.00 | |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Branch if applicable) | | | | | | ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | | | 538-4SV361-C-001 |
| 2. Contributor Information <input type="checkbox"/> Ind <input type="checkbox"/> Rem | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| WORTHY K KEENER 800 WINBERRY COURT WINSTON SALEM, NC 27104 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | ALLEGACY FEDERAL CREDIT UNION | | |
| | | | | | | \$ 250.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/19/2013 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Ind <input type="checkbox"/> Rem | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| HAROLD L MARTIN SR 471 BLUFF SCHOOL ROAD KERNERSVILLE, NC 27284 | | | | UNIVERSITY ADMINISTRATOR | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | STATE OF NORTH CAROLINA | | |
| | | | | | | \$ 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/16/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Ind <input type="checkbox"/> Rem | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| J WALTER MCDOWELL 2826 LAZY LANE WINSTON SALEM, NC 27106 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | WACHOVIA | | |
| | | | | | | \$ 250.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/08/2013 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 5. Total on this Page | | | | | | \$ 600.00 |
| 6. Total for all CRO 1210 Files | | | | | | \$ 9,100.00 |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | 538-4SV361-C-001 |

2. Contributor Information All Family

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| JUNE A MILLER 2421 WAUGHTOWN STREET WINSTON SALEM, NC 27107 | BUSINESS OWNER | |
| | c. Employer's Name/Specific Field | |
| | SELF EMPLOYED | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | BBD1 | Check | | 07/09/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information All Family

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| WARD B MILLER 2520 TREETOP LANE WINSTON SALEM, NC 27101 | COMMERCIAL BANKER | |
| | c. Employer's Name/Specific Field | |
| | NEWBRIDGE BANK | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | BBD1 | Check | | 07/10/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information All Family

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| OLIVIA E MORGAN 3335 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105 | RETIRED | |
| | c. Employer's Name/Specific Field | |
| | WSFC SCHOOL SYSTEM | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | BBD1 | Check | | 07/22/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|------------------------------|-----------|
| 4. Total on this Page | \$ 300.00 |
|------------------------------|-----------|

| | |
|---------------------------------------|-------------|
| 5. Total of ALL CRO 1210 Pages | \$ 9,100.00 |
|---------------------------------------|-------------|

Contributions from Individuals

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) | | | | | ID Number |
|---|-----------------|--------------------|---|----------------------|-------------------------|
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | | 538-4SV361-C-001 |
| 2. 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 | |
| JIMMY L NORWOOD JR 3110 SHAFTESBURY LANE WINSTON SALEM, NC 27105 | | | ARCHITECT | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | SELF EMPLOYED | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <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 | |
| ELLA M ONEAL 2961 BAINBRIDGE DRIVE WINSTON SALEM, NC 27105 | | | RETIRED | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | R J REYNOLDS TOBACCO COMPANY | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. 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 | |
| ROBERT S PARKER 313 BEECHCLIFF COURT WINSTON SALEM, NC 27104 | | | RETIRED | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | WAKE FOREST UNIVERSITY BAPTIST HOSPITAL | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | BBD1 | Check | | 07/09/2013 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| Total on this Page | | | | | \$ 400.00 |
| Total of All CRO-1210 Pages | | | | | \$ 9,100.00 |

Contributions from Individuals

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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) | | | | | ID Number | |
| COMMITTEE TO ELECT BRENDA B DIGGS | | | | | 538-4SV361-C-001 | |
| 2. 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 | |
| CLEMENTINE B SHAW 3471 CUMBERLAND ROAD WINSTON SALEM, NC 27105 | | | RETIRED NURSE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WAKE FOREST UNIVERSITY BAPTIST HOSPITAL | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/09/2013 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| KATRINA L SMITH 5349 POINTE COURT WINSTON SALEM, NC 27103 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | R J REYNOLDS TOBACCO COMPANY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | BBD1 | Check | | 07/02/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| Total on this Page | | | | | \$ 300.00 | |
| Total of All CRO-1210 Page | | | | | \$ 9,100.00 | |

Disbursements

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

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | |
|--|------------------|
| Committee Full Name (and Fund if applicable) | ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | 538-4SV361-C-001 |

Type of Disbursement: *(Please Use Separate CRO-1100 Form for each Type of Disbursement)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

| | |
|---|-------------------------------|
| Payee Information <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Empty | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) EXCALIBUR P.O. BOX 11628 WINSTON SALEM, NC 27116 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| d. Comments | |
| e. Election Sum to Date \$ 1,752.65 | |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-------------|-----------------------|
| BBD1 | Check | BO | 07/19/2013 | \$ 1,752.65 | PRINTING, DATA & MAIL |
| | | | | \$ | PROCESSING SERVICES |

| | |
|---|-------------------------------|
| Payee Information <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Empty | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) GALILEE MISSIONARY BAPTIST CHURCH 4129 NORTHAMPTON DRIVE WINSTON SALEM, NC 27105 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| d. Comments Catering for kick-off event | |
| e. Election Sum to Date \$ 379.93 | |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|-----------------------|
| BBD1 | Check | O | 07/25/2013 | \$ 379.93 | CATERING FOR KICK OFF |
| | | | | \$ | EVENT |

| | |
|---|-------------------------------|
| Payee Information <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Empty | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MARIAN MONSEN CREATIVE 2431 GREENWICH ROAD WINSTON SALEM, NC 27104 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| d. Comments | |
| e. Election Sum to Date \$ 1,227.62 | |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-------------|---|
| BBD1 | Check | O | 07/19/2013 | \$ 160.12 | GRAPHIC DESIGN FOR |
| BBD1 | Check | O | 07/19/2013 | \$ 1,067.50 | MULTIPLE CAMPAIGN GRAPHIC DESIGN FOR |

MULTIPLE CAMPIAGN

| | |
|--------------------|-------------|
| Total on this Page | \$ 3,360.20 |
|--------------------|-------------|

| | |
|--|-------------|
| Total All CRO-1100 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) | \$ 3,769.40 |
|--|-------------|

| | | | |
|--|----------------|----------------------|-------------------------------------|
| Purpose Codes (List detailed expenditure code in (b) 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 (l) | | | |

Disbursements

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 ELECT BRENDA B DIGGS | | | | | | 338-4SV361-C-001 | |
| 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 | |
| NORTH CAROLINA DEMOCRATIC PARTY NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 150.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BBD1 | Check | O | 07/25/2013 | \$ 150.00 | VOTEBUILDER FILE | | |
| | | | | \$ | ACCESS | | |
| 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 | |
| THE CHRONICLE P.O. BOX 1636 WINSTON SALEM, NC 27102 | | | | | | | |
| | | | | 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: | | \$ 259.20 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| BBD1 | Check | A | 07/16/2013 | \$ 259.20 | AD FOR CAMPIAGN | | |
| | | | | \$ | KICK-OFF EVENT | | |
| 5. Total of this Page | | | | | | \$ 409.20 | |
| 6. Total of All CRO-1310 Pages | | | | | | \$ 3,769.40 | |
| (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 (Use selected expenditure code in (4) 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 | | | | | | | |
| 8. Codes require detailed explanation (see required remarks field (4)) | | | | | | | |

In-Kind Contributions

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 available) | 2. ID Number |
| COMMITTEE TO ELECT BRENDA B DIGGS | 538-4SV361-C-001 |

| | | |
|--|--|--|
| 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 |
| Aggregated Individual Contribution | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | FILING FEE. CANDIDATE DID NOT WANT TO BE REIMBURSED. |
| | | d. Election Sum to Date |
| | | \$ 5.00 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|----------------|----------------------|-----------------------|
| FILING FEE | 07/05/2013 | \$ 5.00 |
| | | \$ |
| | | \$ |

| | | |
|--|--|---|
| 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 |
| SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | CASH PAYMENT TO WOOTEN GRAPHICS, INC. FOR DELIVERY OF YARD SIGNS. DOES NOT WANT TO BE REIMBURSED. |
| | | d. Election Sum to Date |
| | | \$ 1,010.00 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|------------------------------------|----------------------|-----------------------|
| PAYMENT FOR DELIVERY OF YARD SIGNS | 07/22/2013 | \$ 50.00 |
| | | \$ |
| | | \$ |

| | | |
|--|--|--------------------------------|
| 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 |
| JAMES DELGRANDE 7 WILDWOOD AVENUE MILFORD, CT 06460 | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date |
| | | \$ 4,000.00 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|--|----------------------|-----------------------|
| CAMPAIGN BRNADING DESIGN AND DEVELOPMENT | 07/04/2013 | \$ 4,000.00 |
| | | \$ |
| | | \$ |

| | |
|--|-------------|
| 4. Total on this Page | \$ 4,055.00 |
| 5. Total of All CRO-1215 Pages (Use this total to verify the grand total on Page CRO-1200) | \$ 4,055.00 |

Contributions to be Reimbursed

Pg 1 of 1

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

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

| | | | |
|---|-----------------------------|---|------------------|
| 1. Committee Full Name | | ID Number | |
| COMMITTEE TO ELECT BRENDA B DIGGS | | 538-4SV361-C-001 | |
| 2. Contributor Information <input type="checkbox"/> Self <input type="checkbox"/> Relative | | | |
| 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) | |
| SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 | | SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| POSTAGE PURCHASE FOR CAMPAIGN MAILING | 07/30/2013 | Y | \$ 460.00 |
| 4. Total of this Page | | | \$ 460.00 |
| 5. Total of ALL CRO-1215s Pages <small>(This total is in addition to the amount shown on Page CRO-1320)</small> | | | \$ 460.00 |

CRO-1215

NC State Board of Elections

December 2007