

COPY

10.17.08

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			c. ID Number	
Committee to Elect Molly Leight to City Council			3CQTDZ	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
516 SOUTH MAIN ST. WINSTON-SALEM, NC 27101				
			e. Phone Number	
			336-725-4325	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2013	08/28/2013	10/21/2013	LINDA A. HOBBS	
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		<input type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <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		
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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		
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				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Piedmont Federal Bank		Piedmont Federal Bank		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Expenses	117		R CE 1301125	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 3726.24		\$ 0.00	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 963 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.				
LINDA HOBBS		Linda Hobbs		10/25/13
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	10/25/2013	Employee:	Judith Spear	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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
 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
Committee to Elect <i>Wally Light to City Council</i>	Pre-election	3CQT DZ
Start of Election Cycle: January 1, 2013	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 3726.24	\$ 2
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 510.12	\$ 1632.12
6) Contributions from Individuals (CRO-1210)	\$ 1025.00	\$ 12,428.60
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 167.12	\$ 167.12
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$.19	\$.41
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)	\$ 1702.43	\$ 14,228.25
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 211.22	\$ 6392.10
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)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$ 215.10
17) In-Kind Contributions (CRO-1510)	\$ 330.12	\$ 2733.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 541.34	\$ 9340.92
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4877.33	\$ 4877.33
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)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Molly Light to City Council				3CQT02	
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	117	Cash		09/02/2013	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 20.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 25.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 25.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 25.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 25.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/06/2013	\$ 50.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/16/2013	\$ 25.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		09/02/2013	\$ 50.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117		flowers	09/02/2013	\$ 10.12
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117		face book ad	09/08/2013	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 510.12
5. Total of ALL CRO-1205 Pages					\$ 510.12
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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 MOLLY LEIGHT TO CITY COUNCIL					3CQTDZ	
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	
Hayes McNeill 1118 S. Hawthorne Rd. Winston-Salem, NC 27103			retired			
			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"/>	117	check		09/02/2013		\$ 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	
Brandon Vickers PO Box 5031 Winston-Salem, NC 27113			Realtor			
			c. Employer's Name/Specific Field			
			JB Vickers & Co.			
					e. Election Sum to Date	
					✓ \$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	117	check		09/02/2013		\$ 120.00
<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	
Christopher A. PARR 4000 BITTERNOT TRAIL GREENSBORO, NC 27410-2988			President			
			c. Employer's Name/Specific Field			
			Parr Investments			
					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"/>	117	CHECK		09/08/2013		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 720.00	
5. Total of ALL CRO-1210 Pages					\$ 1025.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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 MOLLY LEIGHT TO CITY COUNCIL					3CQTDZ	
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	
Molly Leight 313 S. Main St. Winston-Salem, NC 27101			City Council			
			c. Employer's Name/Specific Field			
			City of WS		e. Election Sum to Date	
					\$ 2470.03	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	117	check	mailinglist	09/03/2013	\$ 125.00	
<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	
Patricia Olmstead 2803 Old Salisbury Rd. Winston-Salem, NC 27127			retired			
			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"/>			wine + lemonade for meet + greet	09/04/2013	\$ 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	
Mitchell Britt 211 E. Third St. Winston-Salem, NC 27			owner			
			c. Employer's Name/Specific Field			
			Krankies		e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			coffee	09/31/2013	\$ 80.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 125 305.00	
5. Total of ALL CRO-1210 Pages					\$ 1025.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Other Receipt Sources

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Mally Heigt to City Council						3CQTDZ	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>							
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income							
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
Piedmont Federal Savings Bank 201 S. Stratford Road Winston Salem, NC 27103 336-770-1000							
				c. Outside Source Explanation		e. Election Cycle Sum to Date	
						\$ 0.41	
f. Account Code		g. Form of Payment		h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
117		draft				10/03/2013	\$ 0.19
							\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
				c. Outside Source Explanation		e. Election Cycle Sum to Date	
						\$	
f. Account Code		g. Form of Payment		h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
				c. Outside Source Explanation		e. Election Cycle Sum to Date	
						\$	
f. Account Code		g. Form of Payment		h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
5. Total only this Page						\$ 0.19	
6. Total of ALL CRO-1250 Pages						\$ 0.19	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>							

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Nelly Height to City Council				3CQT DZ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Ex Calibus PO Box 11628 Winston Salem, NC 27114			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/14/2013
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			f. Purpose		j. Election Sum to Date
			postcards		\$ 1533.15
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
117		check			08/28/2013
					o. Amount
					\$ 147.12
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			f. Purpose		j. Election Sum to Date
					\$
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
					o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			f. Purpose		j. Election Sum to Date
					\$
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
					o. Amount
					\$
4. Total only this Page					\$ 147.12
5. Total of ALL CRO-1240 Pages <small>(This line must be on line 10 of Detailed Summary Page CRO-1100)</small>					\$ 147.12

Disbursements

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 3CQTDZ
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						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Camino Bakery (569)			b. Coordinated Committee Name 		d. Comments Meet + Greet	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" 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	
117	check	O*		\$61.29		
				\$		
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) EXCALIBUR (512) 4820 BETHANIA STATION RD WINSTON SALEM, NC 27105 800-441-4193			b. Coordinated Committee Name 		d. Comments Flyers to vote bookmark	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1533.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
117	check	B*	09/05/2013	\$95.00		
				\$		
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) FedEX OFFICE 232 S. STRATFORD RD. WINSTON-SALEM, NC 27103-1418 336-722-6611 (510)			b. Coordinated Committee Name 		d. Comments Flyers	
			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	
117	check	B*	09/02/2013	\$38.43		
				\$		
5. Total only this Page						\$ 194.72
6. Total of ALL CRO-1310 Pages						\$ 211.22
<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>						
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)						

Disbursements

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 3CQTDZ
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) USPOSTOFFICE			b. Coordinated Committee Name		d. Comments Stamps for notes	
			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	
117	check	I	09/03/13	\$16.50		
				\$		
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)		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	
				\$		
				\$		
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)		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	
				\$		
				\$		
5. Total only this Page						\$ 16.50
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>						\$ 211.22
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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Molly Leight for City Council		3CQTDZ	
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	
MOLLY LEIGHT 313 SOUTH MAIN ST. WINSTON-SALEM, NC 27101		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 2470.03	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
mailing list fm Democratic Party		09/03/13	\$ 125.00
			\$
			\$
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	
Patricia Olmstead 2803 Old Salisbury Road Winston-Salem, NC 27127		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 100.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Wine + lemonade for meet + greet		09/04/13	\$ 100.00
			\$
			\$
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	
		<input 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	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 225.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 330.12	

In-Kind Contributions

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Molly Leight for City Council		3CQTDZ	
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
Krankie's (Mitchell Britt) 211 E. Third Winston-Salem, NC 27101		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Coffee for meet + greet		08/31/2013	\$ 10.00 80.00
			\$
			\$
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
Carol Faley 415 S. Poplar St. Winston-Salem, NC 27101 336-575-9004		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flowers for meet + greet		09/02/2013	\$ 10.12
			\$
			\$
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
Barry Lyons 948 W. Academy St. Winston-Salem, NC 27101		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Face book Advertising for Candidate		09/08/2013	\$ 15.00
			\$
			\$
4. Total only this Page		\$ 105.12	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 330.12	

80.00