

COPY

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

WORTH COUNTY

I. Committee Information

a. Full Name: Committee to Re-Elect Walter Marshall; c. ID Number: 8EOKTP; d. Date Filed: RECEIVED; b. Mailing Address: 1500 Reynard Dr. Kenersville, N.C. 27284; e. Phone Number: 336-996-2218

AM 9:07

2. Report Year: 2014; 3. Period Start Date: 1-27-14; 4. Period End Date: 4-19-14; 5. Treasurer Full Name: Harry James Jr.

6. Type of Committee: Candidate Campaign; 9. Type of Report: Quarterly First; 7. Type of Fund: Other; 8. Number of Fundraisers this Report; 10. Special Report Name

11. Account Information: Mechanics & Farmers Bank; Campaign Finance; Period Begin Balance: \$2496.00

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.

Harry James Jr. Printed Name of Signer; Harry James Jr. Signature of Appointed Treasurer; 4-19-14 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____ Delivery Method: [] Normal Mail [] Registered Mail [] 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

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 Re-Elect Walter Marshall | | Pre-Primary | 18C0KTD1ED |
| Start of Election Cycle: January 7, 2014 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1000.00 | \$ 1000.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 100.00 | \$ 100.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1925.00 | \$ 1925.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0 | \$ 0 |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | \$ 0 |
| 9) Loan Proceeds (CRO-1410) | | \$ 1000.00 | \$ 1000.00 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0 | \$ 0 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0 | \$ 0 |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0 | \$ 0 |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0 | \$ 0 |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0 | \$ 0 |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0 | \$ 0 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 3025.00 | \$ 3025.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 529.00 | \$ 529.00 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0 | \$ 0 |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0 | \$ 0 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0 | \$ 0 |
| 15) Loan Repayments (CRO-1420) | | \$ 0 | \$ 0 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0 | \$ 0 |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0 | \$ 0 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 529.00 | \$ 529.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2496.00 | \$ 2496.00 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0 | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 1000.00 | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0 | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0 | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0 | |
| 25) Administrative Support (CRO-1710) | | \$ 0 | \$ 0 |
| 26) Forgiven Loans (CRO-1440) | | \$ 0 | \$ 0 |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0 | \$ 0 |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0 | \$ 0 |

2014 APR 21 AM 9:07

Contributions from Individuals

Pg ____ of ____ Amendment
 Yes No
RECEIVED

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 Re-Elect Walter Marshall | | | | | | 8C0KTD | |
| 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 | |
| Michael A. Grace 225 Fox Lane Ct Winston-Salem, N.C. 27106 | | | | Attorney | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Tisdale & Grace Law Firm | | \$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"/> | JJ | Check | | 4-11-14 | \$400.00 | | |
| <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 | |
| Woodrow E. Haney Jr 811 Shelhaberry Rd Rural Hall, N.C. 27045 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Stroh's Brewery | | \$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"/> | JJ | Check | | 4-8-14 | \$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 | |
| Jimmy L Norwood Jr 3110 Shaftesbury Ln Winston-Salem, N.C. 27105 | | | | Architect | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Norwood Architectural Firm | | \$500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | JJ | Check | | 4-11-14 | \$50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page: | | | | | | \$550.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$1925.00 | |

2014 APR 21 AM 9:07
Amendment

Contributions from Individuals

Pg ____ of ____ 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 Re-Elect Walter Marshall | | | | | | 8C0KTD | |
| 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 | |
| Carrie F. Vickery 4861 Stony Creek Lane Winston-Salem, N.C. 27127 | | | | Attorney | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Holton Law Firm | | \$ 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"/> | JJ | Check | | 3-21-14 | \$ 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 | |
| Timothy Samuels, Sr 605 Wesley Park Dr. Kernersville, N.C. 27284 | | | | Retired Police Captain | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | W.S.P.D. | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | JJ | Check | | 3-24-14 | \$ 50.00 | | |
| <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 | |
| Walter C. Holton Jr 5033 Meadow Hill Ct Winston-Salem, N.C. 27106 | | | | Attorney | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Holton Law Firm | | \$ 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"/> | JJ | Check | | 3-31-14 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 1,925.00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

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 Re-Elect Walter Marshall | | | | 8C0KTD | |
| 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 | |
| Stephen A. Hairston 2365 Riley Forest Dr Winston-Salem, N.C. 27127-7569 | | | Retired W.S.P.D | | |
| | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | W.S.P.D | \$50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | JJ | Check | | 3-8-14 | \$50.00 |
| <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 | |
| Barbara S. Hayes 3910 Pomeroy Dr Winston-Salem, N.C. 27105-4117 | | | Administrator W.S.F.C.S | | |
| | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | W.S.F.C.S | \$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"/> | JJ | Check | | 3-7-14 | \$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 | |
| Katherine R. Marshall 1520 Portal Dr NW Washington, D.C. 2002-1222 | | | Social Worker | | |
| | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | D.C. Behavior Health | \$50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | JJ | Check | | 3-9-14 | \$50.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page: | | | | \$ 350 | |
| 5. Total of ALL CRO-1210 Pages: | | | | \$1,925.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | |

Contributions from Individuals

Pg 20 of 21 Amendment Yes No 9:07

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 Re-Elect Walter Marshall | | | | | | 8COKTD | |
| 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 Dr. Winston-Salem, N.C. 27106 | | | | Accountant | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Davis Management Service | | \$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"/> | JJ | Check | | 3-10-14 | \$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 | |
| William C. Brown 3371 Big Woods Rd Winston-Salem, N.C. 27105 | | | | Retired Executive | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | RJR | | \$50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | JJ | Check | | 3-9-14 | \$50.00 | | |
| <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 | |
| Benjamin F. Henderson 3411 Jeketer Dr Winston-Salem, N.C. 27105 | | | | Retired Principal | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | W.S.F.C.S | | \$125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | JJ | Check | | 3-17-14 | \$125.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 275 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 1925.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

2014 APR 21 AM 9:07
Amendment

Contributions from Individuals

Pg ___ of ___ Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1201 is not used

RECEIVED

| | | | | | | |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Committee to Re-Elect Walter Marshall | | | | | | 8C0KTD |
| 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 | |
| Mr. Clark S. Brown, Jr 3081 Butterfield Dr Winston-Salem, N.C. 27105 | | | Owner | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Clark S. Brown Funeral Home | | \$ 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"/> | JJ | Check | | 3-15-14 | \$ 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 | |
| Wayne C. James 3016 Greene Cross Ct Winston-Salem, N.C. 27107 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Forsyth County Sheriff's Dept | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | JJ | Check | | 3-21-14 | \$ 50.00 | |
| <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 | |
| Thomas W. Brandon 161 Buckingham Rd Winston-Salem, N.C. 27104 | | | Administrator | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | WFU | | \$ 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"/> | JJ | Check | | 3-11-14 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page: | | | | | \$ 250 | |
| 5. Total of ALL CRO-1210 Pages: | | | | | \$ 1,925.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

Pg ____ of 2014 APR 27 AM 9:07 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 Re-Elect Walter Marshall | | | | | | RECEIVED 8COKTD | |
| 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 | |
| Herold J. Weiler III 2745 Maplewood Ave 336-760-6869 Winston-Salem, N.C. 27103-4115 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Homebuilder | | | |
| | | | | 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"/> | JJ | Check | | 2-23-2014 | \$ 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 | |
| Daniel A. Piggott 3855 Northampton Dr. 336-725-9611 Winston-Salem, N.C. 27105 | | | | Retired Principal | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | W.S.F.C. School | | | |
| | | | | 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"/> | JJ | Check | | 3-7-2014 | \$ 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 | |
| Samuel G. Puryear 3742 Dunube Dr. Winston-Salem, N.C. 27105 | | | | Retired Principal | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | W.S.F.C. School | | | |
| | | | | e. Election Sum to Date | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | JJ | Check | | 3-6-2014 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page: | | | | | | \$ 250 | |
| 5. Total of ALL CRO-1210 Pages: | | | | | | \$ 1,925.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Aggregated Contributions from Individuals

Page _____ of _____ Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) **Committee to Re-Elect Walter Marshall** 2. ID Number **8CDKTD**

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 | JJ | Check | | 3-11-14 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | JJ | Check | | 3-11-14 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | JJ | Check | | 3-31-14 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | JJ | Check | | 4-4-14 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
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| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
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| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |

4. Total only this Page \$ 100.00
 5. Total of ALL CRO-1205 Pages \$ 100.00
 (This line must be on line 5 of Detailed Summary Page CRO-1100)

2014 APR 21 AM 9:07
Amendment

Disbursements

Pg ____ of ____ 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) | | | | | | 2. ID Number | |
| Committee to Re-Elect Walter Marshall | | | | | | 8CQKTD | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input 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 | |
| Board of Elections 201 N. Chestnut St Winston-Salem, N.C. 27101 | | | | 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: | | | |
| | | | | | | \$ 201.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| JJ | Check | Q | 2-10-14 | \$ 201.00 | Filing Fee | | |
| | | | | \$ | | | |
| 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 | |
| Walter Marshall 3246 Kittering Lane Winston-Salem, N.C. 27105 | | | | 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: | | | |
| | | | | | | \$ 328.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| JJ | Check | B | 4-2-14 | \$ 328.00 | Reimbursement for Signs | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | 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 | | | | | | \$ 529 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 529 | |
| (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) | | | | | | | |

Loan Proceeds

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

Pg ____ of ____

FORSYTH COUNTY
 BOARD OF ELECTIONS
 Amendment Yes No

2014 APR 21 AM 9:07

| | | | |
|---|---------|-----------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Re-Elect Walter Marshall | | 8C001D RECEIVED | |
| 3. Lender 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 |
| Walter Marshall 3246 Kittering Lane Winston-Salem, N.C. 27105 | | County Commissioner | N/A |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | Forsyth County | |
| | | | f. End Date (mm/dd/yyyy) |
| | g. Rate | h. Security Pledged | i. Account Code |
| | N/A % | N/A | |
| | | | j. Form of Payment |
| | | | Check |
| | | | k. Amount |
| | | | \$ 1000.00 |
| l. Full Name of Lending Institution | | | m. Loan Number |
| Mechanics & Farmers Bank | | | N/A |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | \$ |

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | | | |
|--|---------------------|-----------------------------------|--------------|----------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Re-Elect Walter Marshall | | | SC0110 | | |
| 3. Lender 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 | |
| Walter Marshall 3246 Kittering Lane Winston-Salem, N.C. 27105 | | County Commissioner | | N/A | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | Forsyth County | | 1/27/14 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| N/A % | N/A | \$1000 | | \$1000 | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| Mechanics & Farmers Bank | | | | N/A | |
| 3. Lender 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 | |
| N/A | | County Commissioner | | N/A | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | Forsyth County | | | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| N/A % | N/A | \$ | | \$ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| | | | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | | \$ | | \$ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 4. Total only this Page | | | | \$ | |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 1000 | |