

COPY

Disclosure Report Cover

Amendment

 Yes No

Please note that this cover sheet 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 those kinds of committee changes.

Use the Addendum form (CRO-1010) if more entries are needed.

I. Committee Information

| | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| a. Full Name Walter Marshall Campaign | c. ID Number HTY945 |
| b. Mailing Address (include City, State and Zip Code) Harry James Jr 1500 Reynard Dr Kernersville, N.C. 27284 | d. Date Filed |
| | e. Phone Number 336-996-2218 |

| | | | |
|----------------|-----------------------------------|---------------------------------|--------------------------------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name Harry James Jr. |
|----------------|-----------------------------------|---------------------------------|--------------------------------------------------|

| | | | | |
|---------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| 6. Type of Committee (Check one) | | 8. Type of Report (check only one type of report from one category) | | |
| <input type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First Plus | <input type="checkbox"/> Final |
| <input type="checkbox"/> Soft Money Account | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Political Party Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 9. Special Report Name |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------|--------------------------------------|
| 10. Account Information | | 10. Account Information | |
| a. Financial Institution Full Name Mechanics & Farmers Bank 770 MLK Dr Winston-Salem, N.C. | a. Financial Institution Full Name | b. Purpose | c. Code |
| b. Purpose Use for Campaign Purpose | c. Code 809 | | |
| | d. Period Begin Balance \$ 0 | | d. Period Begin Balance \$ |

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Harry James Jr.
Printed Name of Signer

Harry James Jr.
Signature of Appointed Treasurer

12-26-06
Date

FOR OFFICE USE ONLY

Date Received: 12-27-06
Date Postmarked: none
Date Scanned: _____

Employee: Judy Speas
Employee: Judy Speas
Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|---------------------------------------------------------------------------------|-------------------|-----------------------------|---------------------------|
| Walter Marshall Campaign | | HTY945 | |
| Start of Election Cycle: January 1, _____ | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | \$ 425.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 470.00 | \$ 4,677.06 |
| 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) | | \$ | \$ |
| 11) Other Receipt Sources (CRO-1250) | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | \$ |
| 12) "Goods and Services" Contributions (CRO-1260) | | \$ | \$ |
| 13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12) | | \$ 470.00 | \$ 5,102.06 |
| EXPENDITURES | | | |
| 14) Disbursements (CRO-1310) | | | |
| 14a) Operating Expenditures (CRO-1310) | | \$ 7,411.35 | \$ 3,711.00 |
| 14b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | \$ |
| 14c) Coordinated Party Expenditures (CRO-1310) | | \$ | \$ |
| 15) Loan Repayments (CRO-1420) | | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ 270.00 | \$ 270.00 |
| 17) In-Kind Contributions (CRO-1510) | | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17) | | \$ 1,011.35 | \$ |
| 19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18) | | \$ 5,413.51 | \$ 3,981.00 |
| 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 | | \$ | \$ |

Contributions from Individuals

| | | | | | | |
|-----------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|-----------------------------------|-------------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Walter Marshall Campaign | | | | | | |
| 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 | |
| Allen Joines P.O. Box 2787 Winston-Salem, N.C. 27101 | | | | Mayor | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | e. Election Cycle 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"/> | 809 | Check | | | 11/1/06 | \$ 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 | |
| Walter Marshall 3241 Kitterling Lane Winston-Salem, N.C. 27105 | | | | Commissioner | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | e. Election Cycle Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 809 | Check | Food for Pollworker | | 11/7/06 | \$ 270.00 |
| <input type="checkbox"/> | | | Gas for Vans | | | \$ |
| <input type="checkbox"/> | | | Ponchos and Raincoats | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| | | | | | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | e. Election Cycle Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 470.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Refunds/Reimbursements From the Committee

| | | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Walter Marshall Campaign | | | | 477945 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| Walter Marshall 3241 Kitterling Ln. W-5 NC. 27105 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Receipt Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | j. Election Cycle Sum to Date |
| Commissioner | | | | | \$ 270.00 |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| 809 | check | Food, Gas, & rain coats | | 11-7-06 | \$ 270.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Disbursement Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Disbursement Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | j. Election Cycle Sum to Date |
| | | | | | \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Disbursement Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Disbursement Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | j. Election Cycle 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 | | | | | \$ 270.00 |
| 5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i> | | | | | \$ |

Disbursements

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign | | | | | 2. ID Number | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <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 <i>(include city, state, & zip)</i> Paisley Alumni Association 1105 Thurmond St Winston-Salem, N.C, 27105 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount | |
| 809 | Check | Add | | 11/1/06 | \$ 125.00 | |
| | | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Miller the Printer 616 N. Trade St Winston-Salem, N.C. 27101 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount | |
| 809 | Check | Re-Election Card | | 11/1/06 | \$ 133.75 | |
| | | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> WSJS Radio 854 W. 5th St. Winston-Salem, N.C. 27101 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Cycle Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount | |
| 809 | Check | Radio Ads | | 11/1/06 | \$ 387.60 | |
| | | | | | \$ | |
| 5. Total only this Page | | | | | \$ 646.35 | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm.)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ | |

Disbursements

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-----------|
| 1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign | | | | | | 2. ID Number | |
| 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) Lillie Mae Booker 4050 Larpun Place Winston-Salem, N.C. 27 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | Pollworker | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Cycle Sum to Date | | \$ | |
| f. Account Code | | g. Form of Payment | | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount |
| 809 | | Check | | | | 11/7/06 | \$ 50.00 |
| | | | | | | | \$ |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Cleo Kimbrough 1401 E. 5th St. Winston-Salem, N.C. 27110 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | Pollworker | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Cycle Sum to Date | | \$ | |
| f. Account Code | | g. Form of Payment | | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount |
| 809 | | Check | | | | 11/7/06 | \$ 50.00 |
| | | | | | | | \$ |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Lynn G. Smith 1519 Marble St Winston-Salem, N.C. 27105 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | Pollworker | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Cycle Sum to Date | | \$ | |
| f. Account Code | | g. Form of Payment | | h. Purpose | | i. Date (mm/dd/yyyy) | j. Amount |
| 809 | | Check | | | | 11/7/06 | \$ 50.00 |
| | | | | | | | \$ |
| 5. Total only this Page | | | | | | \$ 150.00 | |
| 6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | \$ | |

Disbursements

| | |
|------------------------------------------------------------------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) Walter Marshall Campaign | 2. ID Number |
|------------------------------------------------------------------------------------|--------------|

| | | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | |
| <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 <i>(include city, state, & zip)</i> Sandra Clark 255 Marvin Blvd Winston-Salem, N.C. 27107 | b. Coordinated Committee Name | d. Comments | |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | Pollworker | |
| | | e. Election Cycle Sum to Date \$ | |

| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------|----------------------|-----------|
| 809 | Check | | 11/7/06 | \$ 50.00 |
| | | | | \$ |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Vicky Rickard 7611 Old Lexington Rd Winston-Salem, N.C. 27105 | b. Coordinated Committee Name | d. Comments | |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | Pollworker | |
| | | e. Election Cycle Sum to Date \$ | |

| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------|----------------------|-----------|
| 809 | Check | | 11/7/06 | \$ 50.00 |
| | | | | \$ |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Catharine Cheatom 2601 Reynolda Rd Winston-Salem, N.C. | b. Coordinated Committee Name | d. Comments | |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | Pollworker | |
| | | e. Election Cycle Sum to Date \$ 50.00 | |

| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------|----------------------|-----------|
| 809 | Check | | 11/7/06 | \$ |
| | | | | \$ |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 5. Total only this Page | \$ 150.00 |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | \$ |

Disbursements

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Walter Marshall Campaign | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i> | | | | | |
| <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 <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Elaine King 3506 Barkwood Dr. Winston-Salem, N.C. 27105 | | | c. Level Registered (Specify) | | Pollworker e. Election Cycle Sum to Date \$ 50.00 |
| | | | <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 | i. Date (mm/dd/yyyy) | j. Amount | |
| 809 | Check | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| U.S. Postal Service Mountain St Kernersville, N.C. 27284 | | | c. Level Registered (Specify) | | U.S. Postal Stamps e. Election Cycle 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 | i. Date (mm/dd/yyyy) | j. Amount | |
| 809 | Check | | | \$ 15.00 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | e. Election Cycle 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 | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 65.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | \$ | |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Harry James, Jr.
 Committee Walter Marshall Campaign
 Address 1500 Reynard Drive
 Kernersville, NC 27284

FROM: Campaign Finance Office

REPORT IN QUESTION:
Fourth Quarter Report

DATE: 12/29/2006

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- The depository information was not listed on the Political Committee Disclosure Report.
- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

- Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

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- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____
_____ on _____
_____ on _____
_____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- OTHER CRO-1000 - 10d - Period Begin Balance should be \$1088.29; 3 - period start date is 10/22/2006, period end date is 12/31/06. Report received too early on 12/27/2006. See example enclosed of CRO-1100 for checking with your computations for accumulated figures.
- CRO-1210 - Marshall contribution for three separate items should be separated with exact amounts; complete Election Cycle Sum to Date.
- Please amend with the CRO-1000, 1100 and 1210, complete the requested Treasurer Certification form and return.
- Thank you.

Please send your reply to : Judy J. Speas Forsyth County Board of Elections, 201 N. Chestnut Street, Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE:

Detailed Summary

Amendment
 Yes No

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|---------------------------------------------------------------------------------|--|-----------------------------|--|---------------------------|--|
| Walter Marshall Campaign | | | | HTY945 | |
| Start of Election Cycle: January 1, _____ | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 1,088.29 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | | \$ 425.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 470.00 | | \$ 4,677.06 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ 4327.06 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ 350.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ | | \$ | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources (CRO-1250) | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 12) "Goods and Services" Contributions (CRO-1260) | | \$ | | \$ | |
| 13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12) | | \$ 470.00 | | \$ 5,102.06 | |
| EXPENDITURES | | | | | |
| 14) Disbursements (CRO-1310) | | | | | |
| 14a) Operating Expenditures (CRO-1310) | | \$ 741.35 | | \$ 3,711.00 | |
| 14b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 1011.35 | | \$ 3,981.00 | |
| 14c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ 270.00 | | \$ 270.00 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ | | \$ 287.06 | |
| 18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17) | | \$ 1,281.35 | | \$ 4,825.12 | |
| 19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18) | | \$ 276.94 | | \$ 276.94 | |
| 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 | | \$ | | \$ | |