

COPY

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

I. Committee Information

a. Full Name

Brooke Cashion for Alderman Committee

c. ID Number

IKY519

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

5953 Kerton Drive
Kernersville, NC 27284

d. Date Filed

7/18/07

e. Phone Number

336-817-
3598

2. Report Year

2007

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

7/18/07

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

9/25/07

5. Treasurer Full Name

Brooke W. Cashion

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum

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

- ☐ "Booster Fund"
☐ Building Fund
☐ NC Political Party Financing Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund
☐ Other:

8. Number of Fundraisers this Report

II. Account Information

a. Financial Institution Full Name

Fidelity Bank

b. Purpose

All acct. deposits
and expenditures

c. Account Code

FBO1

d. Period Begin Balance

\$0

III. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Brooke W. Cashion

Printed Name of Signer

Brooke Cashion

Signature of Appointed Treasurer

9/28/07

Date

FOR OFFICE USE ONLY

Date Received:

10-2-07

Employee:

JUDY SPEARS

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

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

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Brooke Cashion for Altemore Cam.		Pre-Election	IKYS19 2007
Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 890.00	\$ 890.00
6) Contributions from Individuals (CRO-1210)		\$ 890.00	\$ 890.00
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			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 890.00	\$ 890.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 297.74	\$ 297.74
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Loan Repayments (CRO-1420)		\$	\$
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
16) In-Kind Contributions (CRO-1510)		\$	\$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 297.74	\$ 297.74
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 592.26	\$ 592.26
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
21) Debts and Obligations owed By the Committee (CRO-1610)		\$	
22) Debts and Obligations owed To the Committee (CRO-1620)		\$	
23) Account Transfers Within the Committee (CRO-1720)		\$	
24) Administrative Support (CRO-1710)		\$	\$
25) Forgiven Loans (CRO-1440)		\$	\$
26) 48-Hour Notice Reports Sum		\$	\$

Contributions from Individuals

Amendment Pg ____ of ____ ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

PM 2:52

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Brooke Cashion for Aldermen Committee					DKYS19	
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
Jake and Brooke Cashion 5953 Kanton Drive Kernersville, NC 27287				Real Estate		open the acct.
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Allen Tate Realtors		\$0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	cash		7/18/07	\$40. 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
Duane Long 1537 Old Coach Road Kernersville, NC 27287				insurance		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Long Insurance Services.		\$0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		8/27/07	\$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
Ken Rosie 360 Fielding Drive Kernersville, NC 27287				retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				retired		\$0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/19/07	\$50. ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$40. ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Amendment 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	
Brooke Cashin for Aldermen Committee					FRY 2007 OCT-2	
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
Ken and Peggy Flynt 406 Chesham Drive Kannerville, NC 27284				Banking		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				1 st Medillion Mortgage		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/19/07	\$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
Charles and Terri Welford 827 Austin Lane Winston-Salem, NC 27106				Banking		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Bradford Mortgage		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/19/07 9/19/07	\$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
Bruce and Mary Hubbard 214 Roslyn Rd. Winston-Salem, NC 27107				Real estate		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Hubbard Realty		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/19/07	\$50. ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$250. ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Amendment
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	
Brooke Cashion for Alderman Committee					IKY579	
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
Darrell and Phyllis Davis 1804 Beachleaf Ct. Kernersville, NC 27284				insurance		
				c. Employer's Name/Specific Field worksite solutions		
				e. Election Sum to Date		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FBO1	check		9/20/07	\$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
Allen Tate, Jr. 6700 Fairview Charlotte, NC 28210				real estate		
				c. Employer's Name/Specific Field Allen Tate Realtors		
				e. Election Sum to Date		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FBO1	check		9/20/07	\$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
Katherine Thomas 1750 Winterthur Atlanta, GA 30328-4626				real estate		
				c. Employer's Name/Specific Field Fine New Homes		
				e. Election Sum to Date		
						\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FBO1	check		9/20/07	\$50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

PH 2:52

Contributions from Individuals

Amendment 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	
Brooke Gashon for Alderman Committee					EKYB001 OCT-2	
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	
Terry and Joyce Jarrett 3207 Olden Sedgefield Greensboro, NC 27407			real estate		30	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Allen Tate Realtors		\$0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/20/07	\$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	
Keith Mason 919 Wimbereley Way Kernersville, NC 27287			insurance			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Allstate		\$0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/25/07	\$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	
Bill Phipps 1186 Marietta Kernersville, NC 27287			real estate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB01	check		9/25/07	\$100. ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$300. ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 4 of Detailed Summary Page CRO-1100)					\$890. ⁰⁰	

Disbursements

Amendment

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	
Brooke Cashion for Alderman Committee						EKYS1900700	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Board of Elections							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FB01	check	0	7/18/07	\$10. 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	
Kernersville Chamber of Commerce Kernersville, NC 27287							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FB01	check	A	9/24/07	\$150. ⁰⁰	advertisement @ golf town		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The Printing Barn 4394 Crown Lake Circle - Apt. 1-D Jonestown, NC 27282							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FB01	check	A	9/24/07	\$36. ³²	letterhead		
				\$			
5. Total only this Page						\$196. ³²	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment 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	
Brooke Cashier for Alderman Committee						EKYS19	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The Printing Barn 4394 Crown Lake Cir - Apt. 1-D Jamestown, NC 27282							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$36.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FB01	check	A	9/24/07	\$101.42	candidate handouts		
				\$			
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						\$101.42	
6. Total of ALL CRO-1310 Pages						\$297.24	
(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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Brooke Cashion
 Committee Brooke Cashion for Alderman Committee
 Address 5953 Kenton Drive
 Kernersville, NC 27284

FROM: Campaign Finance Office REPORT IN QUESTION:
 35 Day Report

DATE: October 2, 2007

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 \$50 are listed with "cash" being the method of payment.
- ☐ Contributions over \$50 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):

- ☐ 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. "In Kind" 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:

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 – Correct Type of Report to 35 Day Report. CRO-1210s – Joint contributions are not allowed. Please determine which individual gave the contribution for Cashion, Flynt, Welfare, Hubbard, Davis, Jarrett. CRO-1210 and 1310s – Include all current amounts in the Election Sum to Date totals. Amend with the CRO-1000, 1100, 1210s and 1310s. 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:

Judy J. Speas