

COPY

1/24

Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 NOAH REYNOLDS 4 CITY COUNCIL		c. ID Number ACQZC0		
b. Mailing Address (include City, State and Zip Code) P.O. BOX 15586 WINSTON-SALEM, NC 27113		d. Date Filed 10/28/2013		
		e. Phone Number (336)768-5073		
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 08/28/2013	4. Period End Date (mm/dd/yy) 10/21/2013	5. Treasurer Full Name MARK ALAN SINK	
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		Municipal <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		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input checked="" 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		
8. Number of Fundraisers this Report ONE		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name Wells Fargo Bank		a. Financial Institution Full Name		
b. Purpose general banking campaign committee account		b. Purpose		
c. Account Code WS NOAH		c. Account Code		
d. Period Begin Balance \$ 7,763.21		d. Period Begin Balance \$		
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
MARK A. SINK Printed Name of Signer		Mark A Sink Signature of Appointed Treasurer		8/28/13 Date
FOR OFFICE USE ONLY				
Date Received:	10/28/2013	Employee:	Judy Peas	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL		PRE ELECTION		QCQZC0	
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 7,763.21		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 11.00	
6) Contributions from Individuals (CRO-1210)		\$ 15,473.92		\$ 31,102.23	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 5,000.00		\$ 10,000.00	
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)		\$		\$	
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)		\$ 20,473.92		\$ 41,113.23	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10,560.65		\$ 19,648.48	
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)		\$		\$ 1,023.96	
17) In-Kind Contributions (CRO-1510)		\$ 13,073.92		\$ 15,838.23	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 23,634.57		\$ 36,510.67	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,602.56		\$ 4,602.56	
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)		\$ 921.82			
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)		\$		\$	

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	
NOAH REYNOLDS 4 CITY COUNCIL						QCQZC0	
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	
Ted Teague 645 ARBOR RD WINSTON-SALEM, NC 27109 (336) 408-6193				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOVANT HEALTH		\$ 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"/>	PPNOAH	PAYPAL		08/28/2013	\$ 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	
Maurice Ware 821 BOYER DR CLEMMONS NC 27012 (269) 209-0415				CEO			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				The Childrens Home		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	PPNOAH	PAYPAL		08/28/2013	\$ 25.00		
<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	
Christy Spencer 367 PINE VALLEY RD WINSTON-SALEM, NC 27104 (336) 722-9819				Vice President			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JKS MOTORSPORTS INC		\$ 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"/>	WSNOAH	CASH		08/28/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,473.92	

Contributions from Individuals

Pg 2 of 10

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) NOAH REYNOLDS 4 CITY COUNCIL						2. ID Number QCQZCØ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lara Hanes Pierce 124 Plymouth Ave Winston-Salem NC 27104 (336) 555-1212				b. Job Title/Profession Self Employed		d. Comments	
				c. Employer's Name/Specific Field Homemaker		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"/>	WSNOAH	CASH		08/28/2013	\$ 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) SOPHIA CODY 1244 Arbor Rd, Apt. 207 Winston-Salem, NC 27104 (336) 555-1212				b. Job Title/Profession RETIRED		d. Comments	
				c. Employer's Name/Specific Field HDMEAKER		e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	CHECK		08/28/2013	\$ 25.00		
<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) JASON ANDERSON 321 Quick Silver Drive Winston-Salem, NC 27127 (336) 413-6202				b. Job Title/Profession BANKER		d. Comments	
				c. Employer's Name/Specific Field WELLS FARGO BANK		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"/>	WSNOAH	CHECK		08/28/2013	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 125.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,473.92	

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	
NOAH REYNOLDS 4 CITY COUNCIL						QCQZCØ	
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	
JANICE DETTER 622 WEST 2ND ST. WINSTON-SALEM, NC 27101 (336) 555-1212				Consultant			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self Employed		\$ 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"/>	WSNOAH	CHECK		08/28/2013	\$ 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	
CORTLAND FREEMAN 701 ROSLYN RD WINSTON-SALEM, NC 27104 (336) 555-1212				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				HOMEMAKER		\$ 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"/>	WSNOAH	CHECK		08/28/2013	\$ 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	
SCOTT MILLER 4276 Saddlewood Forest Dr. Winston-Salem, NC 27106 (336) 577-7101				LANDSCAPE ARCHITECT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Miller Landscape Architecture		\$ 25.00	
f. Prior:	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	CHECK		08/28/2013	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4: Total only this Page						\$ 175.00	
5: Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,473.92	

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	
NOAH REYNOLDS 4 CITY COUNCIL						QCQZCØ	
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	
JD WILSON 1069 East Kent Rd Winston-Salem, NC 27104 (336) 724-2932				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				EXCALIBUR DIRECT MARKETING		\$ 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"/>	WSNOAH	CHECK		08/28/2013	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CAL CUNNINGHAM 118 West Third Ave Lexington, NC 27292 (336) 287-7466				LAWYER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				OFFICE OF J. Calvin Cunningham		\$ 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"/>	WSNOAH	CHECK		08/28/2013	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MIKE LEONARD P.O. Box 261 Bethania, NC 27010 (336) 555-1212				LAWYER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				WOMBLE CARLYLE SANDRICK + RICE		\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	CHECK		08/28/2013	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 775.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 15,473.92	

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	
NOAH REYNOLDS 4 CITY COUNCIL						QCOZC	
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	
MARTHA MARTINAT 120 Sherwood Forest Rd. Winston-Salem, NC 27104 (336) 768-0339				RETIRED			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 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"/>	NS NOAH	CHECK		08/28/2013	\$ 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	
JOHN DANFORTH 3304 Grouse Hollow Ct. Winston-Salem, NC 27106 (336) 555-1212				ALUMNI DIRECTOR			
				c. Employer's Name/Specific Field			
				FORSYTH COUNTRY DAY SCHOOL		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NS NOAH	CHECK		08/28/2013	\$ 25.00		
<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	
NORWOOD ROBINSON 101 N. Cherry St., #720 Winston-Salem, NC 27101 (336) 555-1212				ATTORNEY			
				c. Employer's Name/Specific Field			
				ROBINSON & LAWING		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"/>	NS NOAH	CHECK		08/28/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages						\$ 15,473.92	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg 6 of 10

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
NOAH REYNOLDS 4 CITY COUNCIL						QCQZCØ
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	
DOROTHY REYNOLDS 4085 Craver Land Rd. Clemmons, NC 27012 (336) 555-1212			Real Estate MGMT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self Employed		\$ 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"/>	WSNDAY	CHECK		08/28/2013	\$ 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	
Tom LAMBETH 700 Yorkshire Rd Winston-Salem, NC 27106 (336) 207-1995			Sr. Fellow			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			2 Smith Reynolds FOUNDATION		\$ 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"/>	WSNDAY	CHECK		08/28/2013	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AURELIA ELLER 1244 Arbor Rd., #430 Winston-Salem, NC 27104 (336) 555-1212			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			HOMEMAKER		\$ 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"/>	WSNDAY	CHECK		08/28/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,473.92	

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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) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number QCCZCØ
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MRS. ROBERT WHALING 18 Graylyn Place CT Winston-Salem, NC 27106 (336) 555-1212		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field HOMEMAKER		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"/>	WS NOAH	CHECK		08/28/2013	\$ 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) SANDRA R REYNOLDS 140 North Stratford Rd. Winston-Salem, NC 27104 (336) 724-0460		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field HOMEMAKER		e. Election Sum to Date \$ 2,450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	WS NOAH	CHECK		08/28/2013	\$ 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) CARROLL H. LEGGETT 705 S. MARSHALL ST. APT-13 WINSTON-SALEM, NC 27101 (336) 831-5788		b. Job Title/Profession Food Consultant		d. Comments	
		c. Employer's Name/Specific Field Self Employed		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	WS NOAH	CHECK		09/04/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 15,473.92
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Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number Q C Q 2 C Q
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SUSAN B. WALL 1244 ARBOR RD 1112 WINSTON-SALEM, NC 27104 (336)555-1212	b. Job Title/Profession RETIRED	c. Employer's Name/Specific Field HOMEMAKER	d. Comments
			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"/>	WSNOAH	CHECK		9/3/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) GOV. JAMES B HUNT, JR. 6653 D Governor Hunt Rd. LUCAMA, NC 27851 (252) 243-2378	b. Job Title/Profession FORMER GOVERNOR	c. Employer's Name/Specific Field STATE OF NORTH CAROLINA	d. Comments
			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"/>	WSNOAH	CHECK		08/31/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PBA 2155 HIGHWAY 425 McDonough, GA 30252-7636 (770) 389-5391	b. Job Title/Profession Professional Group	c. Employer's Name/Specific Field Policemen's Benevolent Assoc.	d. Comments
			e. Election Sum to Date \$ 784.08

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	WSNOAH	PAID FBO CAMPAIGN	ENDORSEMENT AD	9/3/13	\$ 784.08
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 984.08

5. Total of ALL CRO-1210 Pages \$ 15,473.92
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 9 of 10

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
NOAH REYNOLDS 4 CITY COUNCIL						0C0ZC0
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	
REDGE HANES 2750 SPICEWOOD DR WINSTON-SALEM, NC 27106 (336) 924-8658			Retired Exrc.			
			c. Employer's Name/Specific Field			
			Hanes Industries		e. Election Sum to Date	
					\$ 2030.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FBO CAMPAIGN	Food For Fundraiser	08/28/13	\$ 720.00	
<input type="checkbox"/>	WSNOAH	"	MUSIC "	08/28/13	\$ 450.00	
<input type="checkbox"/>	WSNOAH	"	SERVICE "	08/28/13	\$ 860.00	
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	
JANE HANES 2750 SPICEWOOD DR WINSTON-SALEM, NC 27106 (336) 924-8658			Retired			
			c. Employer's Name/Specific Field			
			Homemaker		e. Election Sum to Date	
					\$ 2,016.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FBO CAMPAIGN	Tent for Fundraiser	08/28/13	\$ 2,016.00	
<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	
NOAH REYNOLDS PO Box 15586 WINSTON-SALEM, NC 27113 (336) 722-2083			Self Employed			
			c. Employer's Name/Specific Field			
			Real Estate Mgmt + Development		e. Election Sum to Date	
					\$ 11,108.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FBO CAMPAIGN	FACEBOOK PROMO	09/12/13	\$ 2,904.88	
<input type="checkbox"/>	"	"	HANDBILLS	09/17/13	\$ 1,018.20	
<input type="checkbox"/>	"	"	Political Ad / change ORDER	09/5/13	\$ 170.10	
4. Total only this Page					\$ 8,139.18	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,493.92	

Contributions from Individuals

Pg 10 of 10

Amendment
 Yes No

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

1: Committee Full Name (and Fund if applicable)						2: ID Number
NOAH REYNOLDS CITY COUNCIL						OCQZCQ
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 (336) 722-2083			Self Employed			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Real Estate Mgmt + Development		\$ 11,108.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FB & CAMPAIGN	FOOD-MEET & GREET MI PUERLO	09/07/13	\$ 253.07	
<input type="checkbox"/>	"	"	FOOD-MEET & GREET HOT DOGS - 2608 RR	09/06/13	\$ 497.16	
<input type="checkbox"/>	"	"	FOOD MEET & GREET FOOT HILLS	09/05/13	\$ 372.83	
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	
NOAH REYNOLDS P. O. BOX 15586 WINSTON-SALEM, NC 27113 (336) 722-2083			Self Employed			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Real Estate Mgmt. & Development		\$ 11,108.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FB & CAMPAIGN	VAN PAYMENT FOR ROBO CALLS	09/09/13	\$ 100.00	
<input type="checkbox"/>	"	"	HOUSING FOR CAMPAIGN MANAGERS	08/29/13	\$ 568.12	
<input type="checkbox"/>	"	"	SALARY FOR CANVASSERS	09/08/13	\$ 390.00	
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 722-2083			Self Employed			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Real Estate MGMT. + Development		\$ 11,108.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PAID FB & CAMPAIGN	SALARY FOR POLL WORKERS	09/10/13	\$ 1,770.00	
<input type="checkbox"/>	"	"	FOOD FOR POLL WORKERS	09/10/13	\$ 144.48	
<input type="checkbox"/>	"	"	GAS FOR CAMPAIGN MANAGER CAR	09/10/13	\$ 55.00	
4: Total only this Page					\$ 4,150.66	
5: Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,473.92	

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) NOAH REYNOLDS 4 CITY COUNCIL						2. ID Number QCQZCØ
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) ADAM LIMEHOUSE (MGR) 1227 MEIGS PLACE NE #1 WASHINGTON, DC 20002 (301) 653-0807			b. Coordinated Committee Name		d. Comments	
			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 \$ 2,679.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	E	08/28/13	\$ 500.00	SALARY	
WSNOAH	CHECK	C	08/28/13	\$ 72.57	BANNER FOR EVENT	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WINSTON-SALEM CHRONICLE 617 N. LIBERTY ST. WINSTON-SALEM, NC 27101 (336) 722-8624			b. Coordinated Committee Name		d. Comments	
			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 \$ 510.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	A	08/29/13	\$ 510.30	Political Ad	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAMEL CITY DISPATCH 131-C N. Poplar St. Winston-Salem, NC 27101 (336) 283-9755			b. Coordinated Committee Name		d. Comments	
			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 \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	A	08/30/13	\$ 500.00	Political Ad	
5. Total only this Page						\$ 1,582.87
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)						\$ 10,560.65
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

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL						QCDZCØ	
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	
Demiktric Biggs (MGR) 3 CHURCH CIRCLE #284 ANNAPOLIS, MD 21401 (202) 815-1688							
				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:		\$ 1,441.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	CHECK	E	09/03/13	\$ 135.00	Mileage Reimb.		
WSNOAH	CHECK	E	09/06/13	\$ 300.00	SALARY		
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	
Demiktric Biggs (MGR) 3 CHURCH CIRCLE #284 ANNAPOLIS, MD 21401 (202) 815-1688							
				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:		\$ 1,441.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	CHECK	E	09/10/13	\$ 260.00	SALARY		
				\$			
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	
QUE PASA MEDIA 3025 Wauhtown St, Suite G Winston-Salem, NC 27107 (336) 784-9004							
				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:		\$ 423.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	CHECK	A	09/04/13	\$ 423.00	Political Ad		
				\$			
5. Total only this Page						\$ 1,118.00	
6. Total of ALL CRO-1310 Pages						\$ 10,560.65	
(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)							

Disbursements

15

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) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number QCDZCØ
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SETH MORRIS (MGR) 600 WEST HENDERSON ST. SALISBURY, NC 28144 (704) 640-8878	b. Coordinated Committee Name	d. Comments
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 \$ 1,639.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WSNOAH	CHECK	E	09/04/13	\$ 250.00	SALARY
WSNOAH	CHECK	O	09/10/13	\$ 421.86	Reimb. Food for Event

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SETH MORRIS (MGR) 600 WEST HENDERSON ST. SALISBURY, NC 28144 (704) 640-8878	b. Coordinated Committee Name	d. Comments
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 \$ 1,639.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WSNOAH	CHECK	E	09/10/13	\$ 250.00	SALARY
WSNOAH	CHECK	E	09/10/13	\$ 250.00	SALARY

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SETH MORRIS (MGR) 600 WEST HENDERSON ST. SALISBURY, NC 28144 (704) 640-8878	b. Coordinated Committee Name	d. Comments
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 \$ 1,639.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WSNOAH	CHECK	E	09/10/13	\$ 250.00	SALARY
WSNOAH	CHECK	B	09/10/13	\$ 217.99	Reimb. Handbills

5. Total only this Page \$ 1,639.85

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)
 \$ 10,560.65

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) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number OC@ZC@
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) TIMOTHY DAVIS 4775 LENNOX RD. WINSTON-SALEM, NC 27105 (336) 986-3688	b. Coordinated Committee Name	d. Comments
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 \$ 30.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WS NOAH	CHECK	E	09/04/13	\$ 30.00	Canvassing
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFFORD COTTON 930 N. PATTERSON AVE WINSTON-SALEM, NC 27101 (336) 926-7856	b. Coordinated Committee Name	d. Comments
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 \$ 30.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WS NOAH	CHECK	E	09/05/13	\$ 30.00	Canvassing
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WINSTON-SALEM JOURNAL 418 N. MARSHALL ST. WINSTON-SALEM, NC 27101 (336) 727-7492	b. Coordinated Committee Name	d. Comments
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 \$ 2,268.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WS NOAH	CHECK	A	09/09/13	\$ 2,268.00	Political Ad
				\$	

5. Total only this Page \$ 2,328.00

6. Total of ALL CRO-1310 Pages \$ 10,560.65
 (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)

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
NOAH REYNOLDS 4 CITY COUNCIL						0020
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	
Excalibur Direct Mail Marketing 4820 Bethania Station Rd. Winston-Salem, NC 27105 (336) 744-5000			and Mailer			
			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:		\$2,087.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	A	09/05/13	\$1,341.42	MAILER 2nd	
				\$		
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	
2608 Reynolda Road, LLC P.O. Box 25625 WINSTON-SALEM, NC 27114 (336) 971-1600						
			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:		\$ 800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	K	09/09/13	\$800.00	OFFICE RENT	
				\$		
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	
YES! WEEKLY 5500 Adams Farm Lane, Suite 207 Greensboro, NC 27407 (336) 316-1231						
			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:		\$ 491.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	CHECK	A	09/10/13	\$491.00	Political Ad	
				\$		
5. Total only this Page						\$2,632.42
6. Total of ALL CRO-1310 Pages						\$10,560.65
(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)						

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) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number 00200
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHRYN REYNOLDS 246 Wheel Crest Dr. Winston-Salem, NC 27127 (704) 281-8210	b. Coordinated Committee Name	d. Comments
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 \$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NS NOAH	CHECK	E	09/16/13	\$ 400.00	Photography
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JKS Incorporated 301 Welcome Center BLVD WELCOME, NC 27374 (336) 722-4129	b. Coordinated Committee Name	d. Comments
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 \$ 4,831.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WSNOAH	CHECK	B	09/25/13	\$ 800.63	Yard Sign
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo Bank Fee 2925 Reynolda Rd Winston-Salem, NC 27106 (336) 777-8221	b. Coordinated Committee Name	d. Comments
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 \$ 147.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WSNOAH	ELECTRONIC	0	09/18/13	\$ 12.00	Bank Fee
WSNOAH	ELECTRONIC	0	10/17/13	\$ 5.00	Bank Fees

5. Total only this Page \$ 1,217.63

6. Total of ALL CRO-1310 Pages \$ 10,560.65

(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)

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) NOAH REYNOLDS 4 CITY COUNCIL	2. ID Number RC02C0
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WELLS FARGO BANK FOR 2925 Reynolds Rd. Winston-Salem, NC 27106 (336) 777-8221	b. Coordinated Committee Name	d. Comments
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 \$ 147.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WS NOAH	ELECTRONIC	0	09/16/13	\$ 19.00	Bank Fees
WS NOAH	ELECTRONIC	0	10/15/13	\$ 19.00	Bank Fees

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAYPAL BANK FEES 2211 NORTH FIRST ST. SAN JOSE, CA 95131 (408) 376-7400	b. Coordinated Committee Name	d. Comments
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 \$ 78.18

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WS NOAH	ELECTRONIC	D	08/28/13	\$ 3.98	Bank Fees
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	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 Sum to Date \$

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 \$ 41.88

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)
 \$ 10,560.65

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

Pg 1 of 1

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

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL				OC@ZC	
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	
NOAH REYNOLDS P.O. Box 15586 Winston-Salem, NC 27113		Real Estate Management			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				08/30/2013	
				f. End Date (mm/dd/yyyy)	
				12/31/2013	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0%	—	WSNOAH	Check	\$5,000.00	
l. Full Name of Lending Institution					m. Loan Number
Candidate					2
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				\$ 5,000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

In-Kind Contributions

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL		① CD 2C0	
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
PBA 2155 Highway 425 McDonough, GA 30252-7636 (770) 389-5391		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 784.08
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ENDORSEMENT ADS IN 2 NEWSPAPERS		9/3/13	\$ 784.08
			\$
			\$
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
REDGE HANES 2750 SPICEWOOD DR. WINSTON-SALEM, NC 27106 (336) 924-8658		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 2,030.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food For BBQ Fundraiser		08/28/13	\$ 720.00
MUSIC FOR BBQ FUNDRAISER		08/28/13	\$ 450.00
SERVICE FOR BBQ FUNDRAISER		08/28/13	\$ 860.00
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
JANE HANES 2750 SPICEWOOD DR WINSTON-SALEM, NC 27106 (336) 924-8658		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 2,016.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TENT FOR BBQ FUNDRAISER		08/28/13	\$ 2,016.00
			\$
			\$
4. Total only this Page		\$ 4,830.08	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 13,073.92	

In-Kind Contributions

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

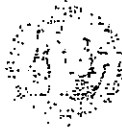
1. Committee Full Name (and Fund if applicable)		2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL		0C0ZC0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 722-2083		<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 Sum to Date	
		\$ 11,008.15	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FACEBOOK PROMOTIONS		09/12/13	\$ 2,904.88
PRINTING OF HANDBILLS FOR CANVASSING		09/7/13	\$ 1,018.20
Political Ad Change Order		09/5/13	\$ 170.10
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 722-2083		<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 Sum to Date	
		\$ 11,008.15	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR MEET & GREET - MI PUEBLO		09/07/13	\$ 253.07
FOOD FOR MEET & GREET - HOT DOGS - 2608 Reynolds		09/06/13	\$ 497.16
FOOD FOR MEET & GREET - Foothills Brewery		09/05/13	\$ 372.83
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 722-2083		<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 Sum to Date	
		\$ 11,008.15	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VAN - Payment for BOB CAUS		09/9/13	\$ 100.00
HOUSING FOR CAMPAIGN MANAGER		08/29/13	\$ 568.12
SALARY FOR CANVASSERS		09/08/13	\$ 390.00
4. Total only this Page		\$ 6,274.36	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 13,073.92	

In-Kind Contributions

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
NOAH REYNOLDS 4 CITY COUNCIL		DCOZC0
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
NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113 (336) 722-2083	<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	
		d. Election Sum to Date
		\$ 11,008.15
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SALARY FOR POLL WORKERS	9/10/13	\$ 1,770.00
FOOD FOR POLL WORKERS	9/10/13	\$ 144.48
GAS FOR CAMPAIGN MANAGER CAR	9/10/13	\$ 55.00
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
	<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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
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
	<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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 1,969.48
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 13,073.92



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: NOAH REYNOLDS 4 CITY COUNCIL
- Person or committee to make loan: NOAH REYNOLDS
- Date of loan to committee: 08/30/2013
- Name of lending institution and account number (source): _____

- Amount of loan: \$ 5000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____

- Period of loan: 12/31/2013
- Rate of interest of loan: 0%
- Security pledged for loan: NONE

I, NOAH REYNOLDS,
(Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

<u>W. Noah Reynolds</u>	<u>8/30/13</u>
Signature of Lender	Date Signed
<u>Amelia G. Smith</u>	<u>8/30/13</u>
Signature of Treasurer of Committee	Date Signed