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.

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Molly Leight for City Council	8CQTDZ
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
516 S. MAIN ST. WINSTON-SALEM, NC 27101	08/06/2013
	e. Phone Number 336-725-4325

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2013	07/10/2013	08/06/2013	LINDA A. HOBBS

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (Check Only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
Piedmont Federal Savings Bank		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
Campaign expenditures	117	$ 3200.

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

RECEIVED 2013 AUG 6 PM 4:58 FORSYTH COUNTY BOARD OF ELECTIONS

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.

LINDA A. HOBBS	Linda A. Hobbs	8/6/13
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	8/6/2013	Employee:	Judy Lear	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☒ Hand Delivered
Date Data Entered:		Employee:		☐ 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
Committee to Elect Molly Leight for Cary	35day	3CQTDZ

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3200.00	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 947.00	$ 947.00
6) Contributions from Individuals	(CRO-1210)	$ 6488.50	$ 9693.50
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)	$ .07	$ .07
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)		$ 7435.57	$ 10,640.57
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 4742.73	$ 4742.73
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 215.10	$ 215.10
17) In-Kind Contributions	(CRO-1510)	$ 2188.50	$ 2193.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7146.33	$ 7151.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3489.24	$ 3489.24
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	117	CHECK		07/18/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/27/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 40.00
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/26/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/28/2013	$ 30.00
☐ Add ☐ Remove	117	CHECK		07/8/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/20/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/30/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/31/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/24/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/27/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/24/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		07/23/2013	$ 50.00 ✓
☐ Add ☐ Remove	117	CHECK		07/8/2013	$ 50.00 ✓

4. Total only this Page	$ 820.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 947.00

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	117	CHECK		07/27/2013	$ 50.00
☐ Add ☐ Remove	117	CHECK		07/272013	$ 25.00 ✓
☐ Add ☐ Remove	117	CHECK		08/01/2013	$ 25.00 ✓
☐ Add ☐ Remove	117	Check		08/04/2013	$ 25.00
☐ Add ☐ Remove	117	Cash		07/28/2013	$ 2.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 127.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 947.00

Contributions from Individuals

Pg 1 of 8 | 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
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W. F. WOMBLE 1244 ARBOR ROAD, BOX 441 WINSTON SALEM, NC 27104-1135	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/28/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANLET S. BELL 193 S. BEACH ROAD HOBE SOUND, FL 33455	ATTORNEY	WOMBLE CARLISLE SANDRIDGE AND		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/28/2013	$ 200.00
☐	2013				$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEE A. CHADEN 2815 BARTRAM ROAD WINSTON SALEM, NC 27106-5104	RETIRED			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/28/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6488.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROL STRITTMATTER 817 CLOVELLY ROAD WINSTON SALEM, NC 27106	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/24/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL S. RYDEN 29 CASCADE AVENUE WINSTON SALEM, NC 27127\	REALTOR	LEONARD RYDEN BURR		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/27/2013	$ 100.00
☐	2013				$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALEX C. EWING 500 SOUTH MAIN STREET WINSTON SALEM, NC 27101	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/23/2013	$ 100.00
☐					$
☐					$

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)*	$ 6488.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MATILDA S. WILLIS 630 CAROLINA CIRCLE WINSTON SALEM, NC 27104-2312	HOMEMAKER			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/23/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARES P. ROSE 2121 ROYALL DRIVE WINSTON SALEM, NC 27106	PROFESSOR	WAKE FOREST SCHOOL OF LAW		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/30/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LESLIE M. BAKER 2034 BUENA VISTA ROAD WINSTON SALEM, NC 27104-2306	RETIRED			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/31/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6488.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANDRA MILLER JONES 156 WARWICKE PLACE BERMUDA RUN, NC 27006-8506	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		7/27/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SARA B. LEIGHT 8 CLUBVIEW COURT GREENSBORO, NC 27410-6000	HOMEMAKER			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/25/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RUTH A. LEIGHT 970 WR CLARK ROAD PITTSBORO, NC 27312	NURSE	CONE HOSPITAL		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/32/2013	$ 200.00
☐					$
☐					$

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)*	$ 6488.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANNE G. WILSON 445 MARSHALL VIEW COURT WINSTON SALEM, NC 2701	RETIRED			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		7/20/2013	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN C. LARSON 448 FACTORY ROW WINSTON SALEM, NC 27101	VICE PRESIDENT	OLD SALEM, INC		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/21/2013	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHYLLIS H. DUNNING 455 MARSHALL VIEW COURT WINSTON SALEM, NC 27101	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/18/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6488.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARGARET LEIGHT PO BOX 1259 WALKERTOWN, NC 27051-1259				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		7/21/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH QUICK 5017 KNOB VIEW TRAIL WINSTON SALEM, NC 27104-5122	ATTORNEY	WOMBLE CARLISLE SANDRIDGE RICE		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/18/2013	$ 1000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATTY WEST 1 HURON AVENUE LYNCHBURG,VA24503-4101	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/18/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6408.50

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)	2. ID Number
COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA HOBBS 516 SOUTH MAIN STREET WINSTON SALEM, NC 27101	ASST. TO PRESIDENT	CONCEPT PLASTICS, INC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/19/2013	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT L. MAYVILLE 823 S. MAIN STREET WINSTON SALEM, NC 2101	RETIRED			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/21/2013	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY B. BYRUM 1836 FLATROCK STREET WINSTON SALEM, NC 27107	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	117	CHECK		07/27/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6488.50

Contributions from Individuals

Pg 8 of 8 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
Committee to Elect Molly Leight for City Council	8CQTDZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MOLLY LEIGHT 313 S. MAIN ST. WINSTON-SALEM, NC 27101 336-725-4325	Council member	City of WS.		$ ~~2193.50~~ 5193.5[illegible]

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Credit card	VistaPrint mailers	07/19/2013	$ 1729.62
☐		Personal Check	Krankie's coffee	07/25/2013	$ 265.20
☐		Personal Check	Kendrick Jazz Duo music	07/28/2013	$ 150.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Molly Leight 313 S. main St. W. S., NC 27101 336-725-4325	City Council	City of WS		$ ~~5193.50~~ 5193.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Credit Card	Party city Papergoods	07/24/2013	$ 38.36
☐		Cash	Party City tablecloths	07/27/2013	$ 5.32
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 2188.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6488.50

Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Molly Leight for City Council	8C QTDZ

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☑ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
Piedmont Federal Savings Bank 201 S. Stratford Road Winston-Salem, NC 27103 336-770-1000		Interest		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
117	Draft		07/03/2013	$ 0.07
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page	$ .07
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ .07

Disbursements

Pg 1 of 1 | Amendment ☐ 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): Committee to Elect Molly Leight for City Council

2. ID Number: 8CQTDZ

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GATEWAY YWCA 1300 S. main St. Winston-Salem, NC 27127 336-854-1589		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
117	Check	room for (C) Kickoff	07/18/2013	$ 180.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Myra Grozinger 137 Gloria Ave. Winston-Salem, NC 27127 336-722-1033		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 4248.48

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
117	Check	signs (B) Car tags	07/18/2013	$2585.49	
117	Check	signs (B)	08/02/2013	$ 1662.99	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Costco 1085 Hanes Mall Blvd. Winston-Salem, NC 27103 336-970-2300		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 314.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
117	Check	Supplies/ Food (C)	07/24/2013	$ 175.58	
117	Check	food (C)	07/27/2013	$ 130.67	

5. Total only this Page $ 4742.73

6. Total of ALL CRO-1310 Pages $ 4742.73

(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)**

Refunds/Reimbursements From the Committee

Pg 1 of 2

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable): Committee to Elect Molly Leight to City Council

2. ID Number: 8CQTPZ

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Linda Hobbs 516 S. main St. WS, NC 27101 336-761-8806	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	07/02/2013
	e. Level Registered: ☐ Federal ☐ County: ☒ Municipality: ☐ State	i. Original Receipt Amount: $ 53.57
	f. Purpose Code: O*	j. Election Sum to Date: $ 53.57

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Asst to Pres.	Concept Plastics, Inc	Checks	117

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check		07/22/2013	$ 53.57

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Molly Leight 313 S. Main St WS, NC 27101 336-725-4325	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	07/10/2013
	e. Level Registered: ☐ Federal ☐ County: ☒ Municipality: ☐ State	i. Original Receipt Amount: $ 18.97
	f. Purpose Code: *O	j. Election Sum to Date: $ 161.53

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
City Council	City of WS		117

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	envelopes	07/23/2013	$ 18.97

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Molly Leight 313 S. Main St WS, NC 27101 336-725-4325	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	07/10/2013
	e. Level Registered: ☐ Federal ☐ County: ☒ Municipality: ☐ State	i. Original Receipt Amount: $ 117.76
	f. Purpose Code: *O	j. Election Sum to Date: $ 161.53

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
City Council	City of WS		117

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	stamps	07/23/2013	$ 117.76

4. Total only this Page	$ 190.30
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ ~~377.40~~ 215.10

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Pg 2 of 3

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Molly Leight for City Council	8C0T0Z

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Molly Leight 313 S. Main St WS, N.C. 27101 336-725-4325	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	07/17/2013
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 19.80.
	f. Purpose Code: XO	j. Election Sum to Date: $ 161.53

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
City Council	City of WS		117

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check.	stamps	07/23/2013	$ 19.80

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Molly Leight 313 S. main st WS, NC. 27101 336-725-4325	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	07/09/2013
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 5.00
	f. Purpose Code: XO	j. Election Sum to Date: $ 161.53

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
City Council	City of WS		117

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	filing fee	07/23/2013	$ 5.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ ~~19.80~~	24.80
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ ~~210.10~~	215.10

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Pg 1 of ____

Amendment ☐ Yes ☒ No

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
Committee to Elect Molly Leight for City Council	8CQT DZ

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Molly Leight 313 S. main St. W. S. NC 27101 336-725-4325	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 2193.50

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Vistaprint for mailers	07/19/2013	$ 1729.62
Krankie's for coffee	07/25/2013	$ 265.20
Kendrick Jazz Duo for music	07/28/2013	$ 150.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Molly Leight 313 S. main St. Winston-Salem, NC 27101 336-725-4325	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 2193.50

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Party City (paper goods)	07/24/2013	$ 38.36
Party City (table cloths)	07/27/2013	$ ~~53.32~~ 5.32
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total on this Page	$ 2188.50
5. Total of All CRO-1510 Pages	$ 2188.50