

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 Re-elect Walter Marshall			6CQ169	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
4281 Mill Creek Road			10-25-2010	
Winston-Salem, NC 27106			e. Phone Number	
			336 703-1948	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	2-8-2010	4-17-2010	Fred Marshall	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input 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		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input 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		
8. Number of Fundraisers this Report		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Merchanics + Farmers Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Expenses	809			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	
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.				
Fred Marshall		Fred Marshall		Oct 25, 2010
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	10/25/10	Employee:	Judy Speas	
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
 Yes 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
Committee To Reelect ^{Walter} Marshall	Qtrly	6CQ169
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 5502.06	\$ 5502.06
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
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)	\$ 5502.06	\$ 5502.06
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 37.30	\$ 37.30
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 1462.06	\$ 1462.06
17) In-Kind Contributions (CRO-1510)	\$ 1462.06	\$ 1462.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2961.42	\$ 2961.42
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2540.64	\$ 2540.64
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)	\$	\$

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Reelect Walter Marshall	6CP169

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
Stephen Hairston 2364 Riley Forest Dr. W-S, NC 27127 7589	Retired WSPD		
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
		\$ 50.00	

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		2/23/2010	\$ 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	
Samuel G. Puryear 3742 Dunube Dr, Winston-Salem NC 27105	Retired Teacher		
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
		\$ 50 ⁰⁰	

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		03/02/2010	\$ 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	
William C. Brown 3371 Big Wood Rd W-S, NC 27105	Corp Executive		
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
		\$ 50 ⁰⁰	

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		3/02/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 150.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 5502.06

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Committee to Re-elect Walter Marshall	2. ID Number 6CQ169
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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) Raymond Marshall P.O. Box 20216 W-S, NC 27120	b. Job Title/Profession Atty c. Employer's Name/Specific Field Solo Practitioner Attorney	d. Comments e. Election Cycle Sum to Date \$ 200 ⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		3/02/2010	\$ 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) Benjamin Henderson 3411 Jeketer Dr. W-S, NC 27105	b. Job Title/Profession Retired Teacher c. Employer's Name/Specific Field	d. Comments e. Election Cycle Sum to Date \$ 100 ⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		03/04/2010	\$ 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) Allen Joiner 713 Surrey Path Trail W-S, NC 27104	b. Job Title/Profession Mayor W-S c. Employer's Name/Specific Field City of Winston Salem	d. Comments e. Election Cycle Sum to Date \$ 100 ⁰⁰

c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		03/10/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 400 ⁰⁰
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 5502.06

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-elect Walter Marshall	6C0169

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kirby Thompson 3504 La Casa Blvd W-S, NC 2705	Retired Teacher	
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ 40 ⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/02/2010	\$ 40.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Michael A. Grace 225 Fox Lake Ct W-S, NC 27106	Att	
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ 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"/>	809	check		04/03/2010	\$ 500 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Donald K. Tisdale 111 McLeod Ave. Topsail Beach	Att	
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ 200 ⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/05/2010	\$ 200 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 740⁰⁰

5. Total of ALL CRO-1210 Pages \$ 5502.06
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee Re-elected Walter Marshall						6C 9169	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Richard Davis 809 LYNN DEE DR. W-S, NC 27106				ATTY			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Self-employed BANK Director		\$ 50 ⁰⁰	
c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		04/08/2010	\$ 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	
Charlie L. Kennedy 4010 Rolling Knoll Ln. W-S, NC 27106				MD			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Charlie Kennedy Pediatrician MD		\$ 100 ⁰⁰	
c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		04/08/2010	\$ 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	
Marshall B. Bass 3726 Spauldin Dr. W-S, NC 27105				Retire Exec.			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Retired RJR		\$ 100 ⁰⁰	
c. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		03/22/2010	\$ 100 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages						\$ 5502.06	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Committee to Re-elect Walter Marshall	2. ID Number BCP169
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Sylvia Sprinkle-Hamlin 3430 Willow Wind Dr. Pafftown, NC 27040	b. Job Title/Profession Library Director	d. Comments
	c. Employer's Name/Specific Field Forsyth County Library	
		e. Election Cycle Sum to Date \$ 75⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/09/2010	\$ 75 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) M. Jones 4265 Brownsboro Rd # 225 W-S, NC 27106	b. Job Title/Profession Consultant	d. Comments
	c. Employer's Name/Specific Field Self Employed	
		e. Election Cycle Sum to Date \$ 25⁰⁰

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/13/2010	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John M. Oliver 892 Centergrove Place Dr. Clemmons, NC 27012	b. Job Title/Profession DDS.	d. Comments
	c. Employer's Name/Specific Field John M. Oliver Dentist	
		e. Election Cycle Sum to Date \$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/15/10	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 7400.00

5. Total of ALL CRO-1210 Pages \$ 5502.06
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Walter Marshall						6CQ169	
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	
Fred Marshall 4281 Mill Creek Road W-S, NC 27106				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 963.27	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		2/18/2010	\$ 100.00		
<input type="checkbox"/>		personal check	250 campaign signs Doormagnets, 500 yard flags	3/19/2010	\$ 699.13		
<input type="checkbox"/>		personal check	Stationery, ink, emb., note pads, pens	2-16-2010	\$ 164.14		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Walter Marshall 3246 Kittering Lane W-S, NC 27106				Commissioner		598.79	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				County of Forsyth		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Personal check	Campaign mtg breakfast	2-16-10	\$ 30.66		
<input type="checkbox"/>		"	Graphic reproductions, handouts - 5000	3-31-10	\$ 377.13		
<input type="checkbox"/>							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Walter Marshall 3246 Kittering Lane W-S, NC 27106				Commissioner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				County of Forsyth		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Personal check	Filing fee	2-8-10	\$ 191.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1562.06	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5502.06	

Contributions from Individuals

Pg 07 of 90

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) Committee to Re-Elect Walter Marshall 2. ID Number 6C0169

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Helen Durr
615 Sun Meadows Dr
Kernersville, NC
 b. Job Title/Profession Retired
 c. Employer's Name/Specific Field W-S Forsyth
cty Schools
 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"/>	809	check		04/14/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Hayes
3910 Pomeroy Dr.
W-S, NC 27105
 b. Job Title/Profession Retired
 c. Employer's Name/Specific Field W-S Forsyth
county schools
 d. Comments
 e. Election Sum to Date \$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	809	check		04/15/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) John Oliver DDS
2621 New Wakeford Rd
W-S, NC 27105
 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
<input type="checkbox"/>	809	check		4/17/2010	
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 350.00

5. Total of ALL CRO-1210 Pages \$ 5502.06
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Committee to Re-Elect Walter Marshall	2. ID Number 6CQ169
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Katherine Marshall 1520 Portal Dr. NW Washington, D.C. 20012		b. Job Title/Profession Psychiatrist		d. Comments	
		c. Employer's Name/Specific Field District of Columbia		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"/>	809	check		04/15/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) T. Samuels Sr. 2812 Oak Hollow Rd High Point, NC 27281		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field Accountant		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"/>	809	check		03/24/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Daniel Piggott 3855 N. Hampton Dr. W-S, NC 27105		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field Forsyth County Schools		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"/>	809	check		03/24/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 5502.06

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) Committee to Re-Elect Walter Marshall	2. ID Number 6CQ/169
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) William L. Hayes 2410 NOVAC ST. W-S, NC 27105			b. Job Title/Profession Athletic Director		d. Comments
			c. Employer's Name/Specific Field WSSU		
e. Election Sum to Date \$ 100.00					
f. Prior <input type="checkbox"/>	g. Account Code 809	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 03/26/2010	k. Amount \$ 100⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DANK BESSE P.O. BOX 15306 W-S, NC 27113			b. Job Title/Profession Attorney		d. Comments
			c. Employer's Name/Specific Field Sole Practitioner LLC		
e. Election Sum to Date \$ 200⁰⁰					
f. Prior <input type="checkbox"/>	g. Account Code 809	h. Form of Payment check	i. In-Kind Description	j. Date (mm/dd/yyyy) 03/26/2010	k. Amount \$ 200⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda Garrou 3910 Camerille Rd W-S, NC 27106			b. Job Title/Profession NC Senator		d. Comments
			c. Employer's Name/Specific Field State of N.C.		
e. Election Sum to Date \$ 100⁰⁰					
f. Prior <input type="checkbox"/>	g. Account Code 809	h. Form of Payment check	i. In-Kind Description	j. Date (mm/dd/yyyy) 03/23/2010	k. Amount \$ 100⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 400⁰⁰
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 5502.06

Contributions from Individuals

Pg of 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 Reelect Walter Marshall						6CQ/69	
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	
Tomi Richard 3601 Sellwood Rd Winston-Salem, NC 27105				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Hair By Tomi		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		3-08-10	\$ 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	
Krista Marshall 1042 Tridown Way Charlotte, NC				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Premier Group		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		3-16-10	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Wayne Jones 4265 Brownsboro Rd Winston-Salem, NC 27106				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JONES CONSULTANTS LLC.		\$ 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"/>	809	check		3-18-10	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5502.06	

Contributions from Individuals

Pg of 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 ReElect Walter Marsha II						6CQ169	
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	
Jimmie Boyd 4225 Northhampton Dr W-S, NC 27105				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				W-S Police Department		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809			3-2-10	\$ 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	
Wm. Tatum 2400 Hardwick Ct W-S, NC 27101				Inspector			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				City of Winston-Salem		\$ 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"/>	809			4-8-10	\$ 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	
Graham Bennett P.O. Box 2736 W-S, NC 27102				Retired Exec.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		3-19-10	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages						\$ 5502.06	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg of 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 Reelect Walter Marshall						609169	
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	
Michele Clifton 3740 Kirkless Rd Winston-Salem, NC 27104				Attorney			
				c. Employer's Name/Specific Field		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"/>	809	check		4-6-10	\$ 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	
Wm. Hardison 108 MLK Jr. Dr. Winston-Salem, NC 27101				Business Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Forsyth Seafood Market + Grill		\$ 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"/>	809	check		4-13-10	\$ 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	
Woodrow Haney, Jr.							
				c. Employer's Name/Specific Field		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"/>		Money Order		4-14-10	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 5502.06	

Contributions from Individuals

Pg ____ of ____ **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	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joseph R. Daniels 725 Morris Rd W-S, NC 2701				b. Job Title/Profession IWS, Agent		d. Comments e. Election Sum to Date \$ 300.00	
				c. Employer's Name/Specific Field State Farm Insurance Co			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	809	check		4-28-10	\$ 300.00		
<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 e. Election Sum to Date \$	
				c. Employer's Name/Specific Field			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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 e. Election Sum to Date \$	
				c. Employer's Name/Specific Field			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 5502.06	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Aggregated Non-Media Expenditures

Page ____ of ____

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	809	debit	0	2/24/10	\$ 37.30	checks printed
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	

4. Total only this Page	\$ 37.30
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 37.30

6. Purpose Codes (List detailed expenditure code in (d) above)			
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* - Donations to Legal Expense Fund
O* - Other			

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

Refunds/Reimbursements From the Committee

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 Re-elect Walter Marshall		6CQ169	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Fred Marshall 4281 Mill Creek Rd W-S, NC.		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
Retired Dir.		2-9-10	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
City of W-Salem		\$ 863.27	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		k. Account Code	
P		809	
g. Comments		n. Date (mm/dd/yyyy)	
Campaign Signs		3/18/2010	
l. Form of Payment		o. Amount	
Check		\$ 863.27	
m. Required Remarks			
Purchase of Campaign Signs, etc.			
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Walter Marshall 3246 Kittering Lane Winston-Salem, NC 27105		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
Commissioner		2/09/10	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
County of Forsyth		\$	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 598.79	
f. Purpose Code		k. Account Code	
P		809	
g. Comments		n. Date (mm/dd/yyyy)	
l. Form of Payment		o. Amount	
check		\$ 598.79	
m. Required Remarks			
purchase of handouts, T-shirts, etc.			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
		\$	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		k. Account Code	
g. Comments		n. Date (mm/dd/yyyy)	
l. Form of Payment		o. Amount	
		\$	
m. Required Remarks			
4. Total only this Page		\$ 7462.06	
5. Total of ALL CRO-1320 Pages (This line must be on line 6 of Detailed Summary Page (CRO-1100))		\$ 1,462.06	
6. Purpose Codes (List detailed disbursement code in (d) 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

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 Reelect Walter Marshall		6C0169	
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	
Fred Marshall 4281 Mill Creek Road Winston-Salem, NC 27106		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 863.27	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Signs 250, Door Magnets 2/d, Frags 500		03/19/2010	\$ 699.13
Stationary, Printer Ink Cart, Note pads, Pens		02-16-2010	\$ 164.14
			\$
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	
Walter Marshall 3246 Kittering Lane Winston-Salem, NC 27106		<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	
		\$ 598.79 ✓	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign meeting breakfast		2/16/10	\$ 30.66
Graphic Reproduction, Handouts (5,000)		3/31/10	\$ 377.13
			\$
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	
Walter Marshall 3246 Kittering Lane WS, NC 27106		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 789.79	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing fee		2-8-2010	\$ 191.00
			\$
			\$ 1462.06
4. Total only this Page			\$ -
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ -

1462.06