

COPY

Disclosure Report Cover

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.

Amendment

☐ Yes ☐ No

1. Committee Information

a. Full Name	c. ID Number
Witherspoon for Commissioner	TCQFAG
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1325 Reynolds Forest DR. Winston-Salem, NC 27107	3-12-10
	e. Phone Number
	336-306-4815

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	2/11/10	3/19/10	Ida Witherspoon

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	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <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
7. Type of Fund (if applicable, check one)	<input checked="" type="checkbox"/> State/County <input 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
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report	10. Special Report (Name)

11. Account Information

a. Financial Institution Full Name	a. Financial Institution Full Name
Wachovia Bank	Wachovia Bank
b. Purpose	b. Purpose
Witherspoon, for Commissioner	
c. Account Code	c. Account Code
1978	
d. Period Begin Balance	d. Period Begin Balance
\$ 50.00	\$ 1,500.00

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.

Quetta Cunningham

Printed Name of Signer

Ida Witherspoon

Signature of Appointed Treasurer

3-12-10

Date

FOR OFFICE USE ONLY

Date Received:	<u>3/19/2010</u>	Employee:	<u>Judy Speas</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<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

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
Witherspoon for Commissioner		Original	TC QFAB
Start of Election Cycle: January 1, _____		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)		\$ 1691.00	\$ 1691.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
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)		\$ 1691.00	\$ 1691.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1000.00	\$ 1000.00
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)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$ 191.00	\$ 191.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1191.00	\$ 1191.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.00	\$ 500.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

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	
Witherspoon for Commissioner				TCQFAG	
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
Everette Witherspoon Jr. 181 E sixth St Apt 514 27101 Winston-Salem, NC			C.E.O / Social Worker		
			c. Employer's Name/Specific Field		
			Chris's Rehabilitation / Social Service / Work		
			e. Election Sum to Date		\$ 691.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1978	check		2/10/10	\$ 500.00
<input type="checkbox"/>		check	Filing Fee		\$ 191.00
<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
Ida Witherspoon 1325 Reynolds Forest Dr. Winston-Salem, NC 27107			Retired / Guidance Counselor		
			c. Employer's Name/Specific Field		
			Education / school system		
			e. Election 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"/>	1978	check		2/10/10	\$ 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
Everette Witherspoon 1325 Reynolds Forest Dr. Winston-Salem, NC 27107			Professor / teacher		
			c. Employer's Name/Specific Field		
			WSSU / Title III		
			e. Election 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"/>	1978	check		2/10/10	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,691.00
5. Total of ALL CRO 1210 Pages					\$ 1,691.00

Disbursements

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

Pg ____ of ____

Amendment

☐ Yes ☐ No

1. Committee Full Name (and fund if applicable)

Witherspoon for Commissioner

2. ID Number

TCC&FAG

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)

WPC Communications Co,
P.O. Box 16496 27115
Winston-Salem, NC

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ 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

1778

check

B

2/10/10

\$ 500

Post Cards

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Victory Street
5200 South West 30th Street
Davenport Iowa 52802

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ 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

1778

check

B

2/15/10

\$ 500.00

Yard Signs

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)

☐ Federal

☐ County:

☐ State

☐ 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 on this Page

\$ 1000

6. Total of ALL CRO-1310 Pages

\$

1,000

(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 (This detailed expenditure code is in the above)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

O* - Other

(Codes require detailed explanation in required remarks field (k))

In-Kind Contributions

Pg ____ 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) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Witherspoon For Commissioner</div>		2. ID Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;">TCQFA 4</div>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="border: 1px solid black; padding: 2px; min-height: 40px;">Evelle Witherspoon Sr 181 E Sixth St Apt 514 Winston-Salem, NC 27101</div>		b. Type of Contributor <input checked="" 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 <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
		d. Election Sum to Date \$ 691.00	
e. Description		f. Date (mm/dd/yyyy)	
<div style="border: 1px solid black; padding: 2px; min-height: 20px;">Filling Fee</div>		<div style="border: 1px solid black; padding: 2px; min-height: 20px;">2/11/10 2/1/10</div>	
		g. Fair Market Amount \$ 191.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="border: 1px solid black; padding: 2px; min-height: 40px;"></div>		b. Type of Contributor <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 <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
<div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>		<div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
		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) <div style="border: 1px solid black; padding: 2px; min-height: 40px;"></div>		b. Type of Contributor <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 <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
<div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>		<div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
		g. Fair Market Amount \$	
		\$	
		\$	
4. Total only this Page		\$ 191.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 191.00	