

Disclosure Report Cover

COPY

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 NOAH REYNOLDS CITY COUNCIL			c. ID Number QCQZC	
b. Mailing Address (include City, State and Zip Code) P.O. Box 15586 WINSTON-SALEM, NC 27113			d. Date Filed 7/19/2013	
e. Phone Number (336) 768-5073				
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 7/18/2013	4. Period End Date (mm/dd/yy) 7/28/2013	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)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		☒ Municipal ☐ State/County ☐ Referendum		
7. Type of Fund (if applicable, check one)				
☐ Booster Fund ☐ Building Fund ☐ Other:		☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name		
b. Purpose GENERAL BANKING- Campaign Committee Account		b. Purpose		
c. Account Code NSNOAH		c. Account Code		
d. Period Begin Balance \$ 0		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		Mark A Sink		7/19/13
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: 7/29/2013	Employee: Judy Hoas	Delivery Method ☐ Normal Mail ☒ Registered Mail ☐ Hand Delivered ☐ Electronically Filed		
Date Postmarked:	Employee:	☐ Signer has not received mandatory training		
Date Scanned:	Employee:			
Date Data Entered:	Employee:			
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	
NDAH REYNOLDS CITY COUNCIL				TD COUNCIL	
Start of Election Cycle: January 1, _____			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$		\$
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 6,517.15		\$	
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)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1,127.47		\$	
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)		\$ 11.00		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$		\$	
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)		\$		\$	

CRO-1100

NC State Board of Elections

August 2008

5860.15

Contributions from Individuals

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

FORSYTH COUNTY
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Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) NOAH REYNOLDS CITY COUNCIL				2. ID Number 00QZC0	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBORAH D. HALL 319 COLLEGE RD, # 203 GREENSBORO, NC 27410 (336) 207-3324		b. Job Title/Profession HR		d. Comments	
		c. Employer's Name/Specific Field ADP TOTAL SOURCE		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
☐		CHECK		7/19/13	\$ 1,000
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SANDRA R. REYNOLDS 140 N. STRATFORD RD. WINSTON-SALEM, NC 27104 (336) 724-2916		b. Job Title/Profession WIDOW		d. Comments	
		c. Employer's Name/Specific Field RETIRED		e. Election Sum to Date \$ 2,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		7/22/13	\$
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM L. SPENCER SHAISTY C SPENCER 367 PINE VALLEY RD WINSTON-SALEM, NC 27104		b. Job Title/Profession Pres. of KS LaLap		d. Comments	
		c. Employer's Name/Specific Field Self Employed		e. Election Sum to Date \$ 2,000	
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					\$ 5,000
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,000

Contributions from Individuals

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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						RECEIVED 060200	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LOUISE D. TILLOTSON 8703 ARBUTHNOT DR. HIXSON, TN 37343 (423) 843-1170							
				c. Employer's Name/Specific Field		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		
☐		CASH		07/22/13	\$ 50		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MYRTLE WILLIAMS 2521 GILMER AVE WINSTON-SALEM, NC 27105 (336) 727-4788				P.T. HOUSEKEEPER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Various		\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐		WIRE		7/26/13	\$		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		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						\$ 550	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,550	

Disbursements

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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)						2. ID Number	
N/DAHREYNOLDS 4 CITY COUNCIL						2012 JUL 29 PM 1:03	
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		d. Comments	
FORSYTH COUNTY BOARD OF ELECTIONS 201 N. CHESTNUT ST. WINSTON-SALEM, NC 3361 202-2808				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 11.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CASH		07/18/13	\$ 5.00	Candidate Fee		
	CASH		07/18/13	\$ 6.00	MAP		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JKS INCORPORATED P.O. BOX 950 WELLSVILLE, NC 27374 (336) 722-4129				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 123.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	NET 30		07/19/03	\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Go Reddy.com 518-347 Facebook 6-99 832.37				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 832.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	C.C.			\$ 832.37			
5. Total only this Page						\$ 967.15	
6. Total of ALL CRO-1310 Pages						\$ 1,127.47	
(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

Pg 2 of 2 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)						2. ID Number	
NDAH REYNOLDS & CITY COUNCIL						2013 JUL 13 PM 1:03 DCAZC0	
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		d. Comments	
OFFICE MAY 140 1/4 STAFFORD COMMER WINSTON-SALEM, NC 27108 1336 774-0171							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 160.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CC		07/26/13	\$ 160.00			
				\$			
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)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
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)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 160.32	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee on fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

2013 Pg 1 of 1 Amendment
Yes ☐ No ☐

1. Committee Full Name (and Fund if applicable) NOAH REYNOLDS 4 CITY COUNCIL		2. ID Number 000250	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) NOAH REYNOLDS 405 WILKEY AVE WINSTON-SALEM, NC 27114 336-925-4848		b. Type of Contributor ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 1003.39	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Make Fund Fee		7/18/13	\$ 11.00
Website Setup - Go Dada		7/20/13	\$ 832.32
Purchase of Office Supplies		7/20/13	\$ 169.07
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 1003.39	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,003.39	