

COPY

7/20-7/30

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.

FORSYTH COUNTY
BOARD OF ELECTIONS

Amendment

☐ Yes☒ No

2013 AUG - 6 PM 4:54

1. Committee Information		RECEIVED	
a. Full Name NOAH REYNOLDS 4 CITY COUNCIL		c. ID Number QCQ ZC 0	
b. Mailing Address (include City, State and Zip Code) P.O. Box 15586 WINSTON-SALEM, NC 27113		d. Date Filed 08/06/2013	
		e. Phone Number (336) 768-5073	
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 07/20/2013	4. Period End Date (mm/dd/yy) 07/30/2013	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 ☐ Organizational ☒ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one)		State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☒ Special	
☐ Booster Fund ☐ Building Fund ☒ Other		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO BANK		a. Financial Institution Full Name	
b. Purpose general banking campaign committee account	c. Account Code WS NOAH	b. Purpose	c. Account Code
d. Period Begin Balance \$ 1,000.00		d. Period Begin Balance \$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
MARK A SINK Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		8/6/2013 Date	
FOR OFFICE USE ONLY			
Date Received: 8/6/2013	Employee: Judy Speas	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed	
Date Postmarked:	Employee:		
Date Scanned:	Employee:		
Date Data Entered:	Employee:	☐ 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.			

CRO-1000

NC State Board of Elections

August 2008

1 of 8

7/20-7/30

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
NOAH REYNOLDS 4 CITY COUNCIL		35-DAY	NCQZCQ
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,000.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	11.00
6) Contributions from Individuals (CRO-1210)	\$ 6,062.96	\$	7,062.96
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)	\$ 6,062.96	\$	7,073.96
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 73.37	\$	73.37
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)	\$ 1012.96	\$	1013.96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1086.33	\$	1097.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5976.63	\$	5,976.63
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)	\$ 123.83		
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

248

7/20-7/30

Contributions from Individuals

Pg 1 of 3 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					QCOZC	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM L. SPENCER 367 PINE VALLEY RD WINSTON-SALEM, NC 27104 (336) 470-9346				President / CEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				JKS, INC. / Sports Marketing		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	CHECK	—	07/22/2013	\$ 2,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SANDRA R. REYNOLDS 140 NORTH STRATFORD RD WINSTON-SALEM, NC 27104 (336) 724-0460				WIDOW		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HOMEMAKER		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	CHECK	—	07/22/2013	\$ 2,000.00	
☐					\$	
☐					\$	
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 ARBUTHUS DR. HIXSON, TN 37343 (425) 843-1170				RETIRED / WIDOW		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HOMEMAKER		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	CASH	—	07/22/2013	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 4,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6062.96	

CRO-1210

NC State Board of Elections

April 2007

3 of 8

7/20 - 7/30

Contributions from Individuals

Pg 2 of 3 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					QCQZC0	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DALTON D. RUFFIN 2841 GALS WORTHY DR. WINSTON-SALEM, NC 27106 (336) 722-2083			Retired / Banking			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired Bank Executive Wells Fargo		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	CHECK	—	07/25/2013	\$ 500.00	
☐					\$	
☐					\$	
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			Retired / Housekeeper			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired / Housekeeper		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	BANK WIRE	—	07/26/2013	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 971-1600			Real Estate Agent & Dev. Investor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self		\$ 1,023.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	Pd. FBO Campaign	Reserve Websites	07/20/2013	\$ 818.34	
☐	WSNOAH	Pd. FBO Campaign	Market Websites	07/21/2013	\$ 13.98	
☐	WSNOAH	Pd. FBO Campaign	Paper & Printer Ink	07/26/2013	\$ 160.07	
4. Total only this Page					\$ 1992.39	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,062.96	

4 of 8

Contributions from Individuals

Pg 3 of 3 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL					QCQZCØ	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 (336) 971-1600			REAL ESTATE MGT F DEVELOPER			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 1023.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	WSNOAH	PD FBO CAMPAIGN	FED EX FEE	07/29/2013	\$ 20.57	
☐					\$	
☐					\$	
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	
☐					\$	
☐					\$	
☐					\$	
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					\$ 20.57	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6062.96	

CRO-1210

NC State Board of Elections

April 2007

5 of 8

7/20-7/30

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) NOAH REYNOLDS 4 CITY COUNCIL						2. ID Number QCQZC0	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo Bank				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		
WSNOAH	Electronic	K	07/26/2013	\$ 15.00	Bank Fee - Wire		
WSNOAH	Electronic	K	07/30/2013	\$ 58.37	Bank Fee - Checks		
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		
				\$			
				\$			
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 only this Page						\$ 73.37	
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)						\$ 73.37	
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)							

6 of 8

7/20 - 7/30

In-Kind Contributions

Pg 1 of 1 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	
NOAH REYNOLDS 4 CITY COUNCIL		QCQZCØ	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113 (336) 971-1600		☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,023.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Go Daddy.com Reserve WEB SITES		07/20/2013	\$ 818.34
Go Daddy.com Market WEB SITES		07/21/2013	\$ 13.98
OFFICE MAX - PAPER, Printer club		07/26/2013	\$ 160.07
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113 (336) 971-1600		☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,023.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
OVERNIGHT Fee for Fed Ex Re Report		07/29/2013	\$ 20.57
			\$
			\$
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		\$ 1,012.96	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,012.96	

7/20-7/30

Debts and Obligations Owed By the Committee

Pg ____ of ____ Amendment ☒ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NOAH REYNOLDS 4 CITY COUNCIL		QCQZCØ	
3. Creditor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
JKS INCORPORATED P.O. Box 450 WELCOME NC 27374 (336) 722-4129		b. Description of Creditor Print Marketing Firm	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ Ø	\$ Ø	\$ 123.83	\$ 123.83
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
JKS INCORPORATED 301 WELCOME CENTER BLD LEXINGTON, NC 27295 (336) 722-4129		07/22/2013	\$ 123.83
		g4. Purpose Code	g5. Required Remarks
		B	Printing, Bullons, Bumper Stickers, Yard Sign
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page		\$ 123.83	
(This should be the sum of all items 'g3.' from this page)			
5. Total of ALL CRO-1610 Pages		\$ 123.83	
(This line must be on line 22 of Detailed Summary Page CRO-1100)			
6. Purpose Codes (List detailed expenditure code in (g4.))			
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 (g5.)			

8 of 8