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.

1. Committee Information     2018 APR 30     PM 4:21								
a. Full Name			LUIU MI IN OU I		D Number			
			and your local part of a		Diviniber			
Witherspoon for CommissionerCEIVED b. Mailing Address include City, State and Zip Code) d. Date Filed								
b. Mailing Address include City, State	e and Zip Code)			d. I	Date Filed			
132 5 Reynolds F. Winston-Salem	inart 7	Dr.		1	1/12/10			
i i i i i i i i i i i i i i i i i i i	ð	42/10						
Winston-Salem	e. P	hone Number						
				1	36-184-1863			
2. Report Year 3. Period Start	Date (mm/dd/y	(v) 4. Period H	End Date (mm/dd/vv)	5. Treasurer F	ull Name			
2018	2	//			le Witherspoon			
6. Type of Committee (Check C	ne)	9. Type of Rep	ort (check only one	type of report fi	rom one category)			
🔀 Candidate Campaign 🔲 Part		Municipal	State/County		erendum			
PAC Refe	erendum	Organizationa	l 🔲 Organizat	ional	Organizational			
Independent Expenditure Dioin	t Fundraiser	Thirty-five da	y Quarterly		Pre-referendum			
Legal Expense Fund		Pre-primary	First		Final			
		Pre-election	Seco Seco	nd 🗖	Supplemental Final			
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Annual			
Booster Fund		Semi-annual	Four		Special			
Building Fund		Mid Yea			Caratal Dansat Mana			
		Year End		0.00	. Special Report Name			
Other:		Final	Year	End				
8. Number of Fundraisers this	Report	Special	<b>Final</b>					
			Special					
11. Account Information	ngin i Tigan P		11. Account Inform	and in case of the second s	i di mata di si sa si			
a. Financial Institution Full Name			a. Financial Institution	Full Name				
Wells Fargo								
b. Purpose	c. Account Cod	P	b. Purpose	c. A	account Code			
Campaign Expenses	c. Account Cou							
Campary	1.0.1.0.	Delessi		4.1	Period Begin Balance			
expenses	d. Period Begin	Balance			erioù begni balance			
	\$ 0	)		\$				
CERTIFICATION								
I certify that the Committee or Fur	nd is in complia	nce with all appl	icable provisions of Ar	ticle 22A, 22B &	22D-22M of Chapter 163			
of the NC General Statutes and that	at no funds are o	commingled with	prohibited or other no	n-disclosed funds	. I further certify that this			
report is complete, true and correct					, 1 ,			
+1 7141 10/3	61	1-1	F RHI		uladid			
Ida Battle VII	herspoo	n Pa		- Withersport	M 7/34/8			
Printed Name of Sign	er /	Sig	nature of Appointed Trea	surer	Date			
FOR OFFICE USE ONLY	1		11					
Date Received:	30118	Employ	vee: do	And and a state of the state of	ry Method			
					ormal Mail gistered Mail			
Date Postmarked:		Employ	yee:					
Date Scanned:		Employ	yee:		contracting r floor			
Date Data Entered:		Employ	yee:		gner has not received indatory 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.							
assistant	treasurer, cus	todian of book	s information, or acc	make committee	i. De changes			
You must amend	the Statement		n (CRO-2100A-E) to rd of Elections	make committe	August 2008			

CRO-1000

NC State Board of Elections

<b>Detailed Summary</b> Use this form to summarize all disclosure reporting forms and	to total more	actory information	Amendment Ves No
	2. Type of		3. ID Number
Witherspoon for Commissioner	/		
Start of Election Cycle: January 1, 20/8		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,622	\$ \$
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)	\$5,622.0	\$
EXPENDITURES		,	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,407.0.	3 \$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$2014.9	7 \$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract 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)	\$	\$
20)	(CRO-1215)	\$	\$ August 2008

Contributions from h	ndividuals	Pg	- /	Amendment Yes No		
Use this form to report individua		r contributions und	er \$50 if form CR	O 1205 is not used		
1. Committee Full Name (and )	2. ID Number					
Withers poon For	<u>r Commissiu</u>		move			
a. Full Name, Mailing Address & Pho	ne	b. Job Title/Profe	NUCL CONTRACTOR DUTING TO A	d. Comments		
(include city, state, & zip)	202	771. 1				
Dr. Fuelun Fam	cher	Ketired				
Dr. Evelyn Fan P:0-Box 28		c. Employer's Nar				
P.O. 130x 28	3722 8-850	Tenn. St	ate univ	e. Election Sum to Date		
Nashui 1/2 1 N 615-253-6	2		\$			
f. Prior g. Account Code h. Form	of Payment i. In-Kind Des	cription	j. Date (mm/dd/yyy)			
D Ch	reck		03/03/1	\$ \$100.00		
	D.			\$		
				\$		
3. Contributor Information	推动:一带,它们被加速力的图	🔲 Add 🗌 Re	moγe			
a. Full Name, Mailing Address & Pho	ne	b. Job Title/Profe	ssion	d. Comments		
(include city, state, & zip)	//	- College	Adm.			
Dr. Everette Will P. 6. BOX 2 Winston-Sale	herspoon	c. Employer's Nat				
DI BAX 7	0562	W55U				
P. 0. 1001 5010	NP 27/2	Titlet	H I	e. Election Sum to Date		
W15701- JUL 9	327	1111-1		\$		
f. Prior g. Account Code h. Form	of Payment i. In-Kind Des	cription	j. Date (mm/dd/yyy	y) k. Amount		
• Ch	ieck		03/10/18	\$ 1,000.00		
				\$		
				\$		
3. Contributor Information		🗖 Add 🗖 Re	moγe			
a. Full Name, Mailing Address & Pho	one	b. Job Title/Profe	ession	d. Comments		
(include city, state, & zip)	11/1 de managen	CEO				
Com. Everette	Com. Everette Witherspoon c. Employer's Name/Specific Field					
13,25 Keynoos Forest Br. Chris's Re			Rehab/	Election County Data		
Com. Everette Witherspoon 1325 Reynolds Forest Br. Winston-Salem, NC 27107 Mental Health				e. Election Sum to Date		
336-416-938	<i>?</i>	County	Commission	\$		
0	of Payment i. In-Kind De	scription /	j. Date (mm/dd/yyy	y) k. Amount		
D De	bit		03/16/18	\$2,325.00		
$\square$ $D_{c}$	ebi't		04/1/18	8 \$ 1097.00		
				\$		
4. Total only this Page				\$5,622.00		
5. Total of ALL CRO-12				\$		
(This line must be on line 6 of Detail CRO-1210	NAMES AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	Board of Elections		April 2007		

Disbursements Pg \_\_\_\_\_ of \_\_\_\_\_ Yes I Ves No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	E-UN-				and the state of the			
1. Committee Full Name (and Fund if applicable)							2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement								
3. Type of Dis						e of Disb	urse	ment.)
Operating Ex	Contraction of the local data and the local data an	ontributions to Candid	THE R. COLORADO	Statement of the local data in the local data	Statement Statements	and the second states in the s	rdinat	ted Party Expenditures
4. Payee Infor	AVEL 1 AL DAY DET THE AVEL			Add 🗌 🗖	Remov	The state of the second second		
a. Full Name, I	b. Coordinated Committee Name				d. Comments			
(include city, stat	e, & zip)			-				
IVU 1	Expressi Benton 1 ton-Salem, 765-55	oni		c. Level Regi	stered (Sp	ecify)		· ·
4120	Ratan 1	Road		Federal		County:		
21/20	State		Municipa	lity:	e. Election Sum to Date			
WINSI	on- Jalem,	IC	.,					\$
336-	165-35	:05	1					-
f. Account Code	g. rorm of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amoun		k. Re	equired Remarks
	Rebit		04/	19/18	\$67	5.00		
			1	1.	\$			4
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(include city, st	-							
				1				
				c. Level Regi	stered (Sp			
				Federal		County:		
				L State		Municipa	lity:	e. Election Sum to Date
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	li. Date (	mm/dd/yyyy)	j. Amoun	t	k. Re	equired Remarks
	8	1			\$			
					\$			
4. Payee Infor	mation	li i si al	Terrar 🗖	Add	Remove	<u>eu si si</u>	1.100	the Property Provide the
a. Full Name, Mai	iling Address & Phone	Ţ.		b. Coordinate	ed Commi	ttee Name		d. Comments
(include city, st	ate, & zip)							
-					1.10	10.)		
				c. Level Regis	stered (Sp	.County:	_	
				State	H	Municipal	lity.	e. Election Sum to Date
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5. Total only t	his Page							\$ 675.00
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And the second se	n line 13c of Detailed Su	Contraction of the second s			Expenditi	ures)		erformien verster in en Romanne
and the second se	odes (List detailed					NUMPER	Rich	
A* - Media	B* - Print			Fundraising D - To Another Candidate				
E - Salaries I - Postage	F* - Equip J - Penalt						ng Public Office Expenses ion to Legal Expense Fund	
O* Other	J - Fellall	105	<b>U</b> 0	ince Expen	1968	Q D(	mau	on to Degai Expense Fund
and the second sec	re detailed explanat	tion in required 1	remarks	field (k)	10168467	Light M	(256);	n há tha tha Chailte Chailte a Chai
CRO-1310				rd of Elections				December 2009

## Disbursements

Pg \_\_\_\_ of

Amendment

Yes D 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 Fu	if applicable)		1		and a second to	2. ID Number
1. Committee Full Name (and Fund if applicable)						2. ID Number	
	spoon fi	or Commi	5510	mer			
3. Type of Dis		e use separate C	RO-131(	forms for	each t	ype of Disbu	rsement.)
Operating Ex	NAMES AND ADDRESS OF TAXABLE PARTY.	ntributions to Candid	lates/Politi	the state of the s			nated Party Expenditures
4. Payee Infor			461.4	Add 🔲	Rem		
(include city, state	Mailing Address & Pl	lone		b. Coordinat	ted Con	umittee Name	d. Comments
Forsyt	h County To	Board O	F	c. Level Regi	stered	(Specify)	_
Flecti	on			Federal		County:	
				State	Ĺ	Municipality	e. Election Sum to Date
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		n. r ur pose coue	I. Date (I	mm/dd/yyyy)	j. Amo	unt K.	Required Remarks
	Check		03	10/18	34	25.00	
					\$		
4. Payee Inform	a lotte of the second			Add 🔲	Remo	ve	
the same of the second second second second	ling Address & Phone			b. Coordinate	ed Com	mittee Name	d. Comments
(include city, sta		A ( )					
tairwa	y Outdoor East JJ Sbors, NC 92-424	Advertis	in	. T I.D. /			4
165-4	EACTT	Drive	5	c. Level Regis	stered (	County:	_
Grand	L'ast N	0		State	F	Municipality	e. Election Sum to Date
Green	sporo, arc	27406				. Municipality	
336-2	92-424	2					\$
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			001	110	\$		
4 D					φ		
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(include city, sta	ing Address & Phone		F	b. Coordinate	d Com	nittee Name	d. Comments
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HI Van	n's Adver lan Dr. gton, NC	TISING CC	>•	c. Level Regist	tered (S	(necify)	-
3290 1	landr.		ŀ	- Federal	Ľ	County:	-
Bulin	aton NC	27215		State	E	Municipality:	e. Election Sum to Date
Tourn	sal The	1					\$
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	line 13a of Detailed Sum	mary Page CPO 110	0 if Oner	ting Example	•1		
	line 13b of Detailed Sum					ical Comm)	\$
	line 13c of Detailed Sum						
	des (List detailed		The second s	CALL OF THE OWNER OF THE OWNER OF			
A* - Media	B* - Printin				lin dri	D - To Ano	ther Candidate
E - Salaries	F* - Equipn	0				ng Public Office Expenses	
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fun							
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* Codes require	e detailed explanation					<ul> <li>142-133</li> </ul>	n tal di sere sa dal
CRO-1310		NC S	tate Board	of Elections			December 2009