

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 Nancy Young for County Commissioner | c. ID Number 3CQXF2 |
| b. Mailing Address (include City, State and Zip Code) 608 Braewyck Lane Winston-Salem, NC 27104 | d. Date Filed 7/07/08 |
| | e. Phone Number 336-760-6936 |

| | | | |
|-------------------------------|---|---|---|
| 2. Report Year 2008 | 3. Period Start Date (mm/dd/yyyy) 4/20/08 | 4. Period End Date (mm/dd/yyyy) 6/30/08 | 5. Treasurer Full Name Marian K. O'Neal |
|-------------------------------|---|---|---|

| | | | |
|---|---|---|--|
| 6. Type of Committee (Check one) | | 7. Type of Report (check one or multiple report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | <input type="checkbox"/> Organizational | <input type="checkbox"/> State/County |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| 7. Type of Fund (if applicable check one) | | <input type="checkbox"/> Pre-election | <input checked="" type="checkbox"/> Second |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| 8. Number of Fundraisers this Report 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Special |
| | | 10. Special Report Name | |

| | | | |
|---|--|------------------------------------|-------------------------------|
| 11. Account Information | | 12. Account Information | |
| a. Financial Institution Full Name Wachovia Bank | | a. Financial Institution Full Name | |
| b. Purpose For all campaign expenses | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 2,062.63 | | 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 if 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 according to N.C.G.S. 163-278.7(f).
 Marian K. O'Neal
 Printed Name of Signer
 Signature of Appointed Treasurer
 Date 7/7/08

FOR OFFICE USE ONLY

| | | |
|-----------------------|----------------------|--|
| Date Received: 7-7-08 | Employee: Judy Speas | 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 |
| Date Postmarked: | Employee: | |
| 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.

Amendment

 Yes No**Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

| Committee Full Name (and Fund if applicable) | | Reporting Period | ID Number | |
|---|-------------------|------------------|------------------------------------|----------------------------------|
| Nancy Young for County Commissioner | | Second Quarterly | 3CQXF2 | |
| Start of Election Cycle: | January 1, | 2008 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 2,062.63 | \$ 0 |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | | \$ 3,785.00 | \$ 6,096.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | | \$ 93.00 | \$ 93.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | | \$ | \$ 25.78 |
| 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) | | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) | | | \$ 3,878.00 | \$ 6,214.78 |
| 13) Disbursements | | | | |
| 13a) Operating Expenditures | (CRO-1310) | | \$ 517.98 | \$ 581.13 |
| 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) | | \$ | \$ 211.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | | \$ 517.98 | \$ 792.13 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | | \$ 5,422.65 | \$ 5,422.65 |
| 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-2200) | | \$ | \$ |
| 27) Contributions to be refunded | (CRO-1215) | | \$ | \$ |

Contributions from Individuals

Pg 1 of 5

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 (omit ballot number if applicable) | | | | | | 2. ID Number | |
|--|-----------------|--------------------|------------------------|---|-----------|-------------------------|--|
| Nancy Young for County Commissioner | | | | | | 3CQXF2 | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Larry Roth PO Box 398 Germanton, NC 27019 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input checked="" type="checkbox"/> | 1 | Check | | 2/15/2008 | \$ 100 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Nancy Young 2061 Polo Road Winston-Salem, NC 27106 | | | | Consultant | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N Young Communications 2061 Polo Road Winston-Salem, NC 27106 | | e. Election Sum to Date | |
| | | | | | | \$ 2,211 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input checked="" type="checkbox"/> | 1 | Check | | 2/25/2008 | \$ 2,000 | | |
| <input checked="" type="checkbox"/> | | | Filing fee | 2/14/2008 | \$ 207 | | |
| <input checked="" type="checkbox"/> | | | Parking | 3/11/2008 | \$ 4 | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Kathryn Crosby PO Box 85 Genoa, NV 89411 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 5/22/2008 | \$ 500 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | \$ 2,811 | | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 6,096 | | |
| <i>(This line must be on file with Detailed Submittal Page CRO-1100)</i> | | | | | | | |

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 Form (if applicable) | | | | | | 2. Number |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------|-------------------------|
| Nancy Young for County Commissioner | | | | | | 3CQXF2 |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Chuck Chambers 432 Springdale Ave Winston-Salem, NC 27104 | | | Self Employed | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Counselor & Executive Coach | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 250 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/6/2008 | \$ | 250 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Mildred Neal 2061 Polo Road Winston-Salem, NC 27106 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 200 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 5/22/2008 | \$ | 200 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| John W. Burress III 380 Knollwood St #610 Winston-Salem, NC 227193 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 500 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/4/2008 | \$ | 500 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 950 |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 6,096 |

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) Date of Application | | | | | | 2. ID Number | |
| Nancy Young for County Commissioner | | | | | | 3CQXF2 | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Bob Turner 3531 York Rd Winston-Salem, NC 27104 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 175 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 6/3/2008 | \$ 175 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LeClare Turner 3531 York Rd Winston-Salem, NC 27104 | | | | Homemaker | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 175 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 6/3/2008 | \$ 175 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Betty O. Wilson 4069 Louella Lane Walnut Cove, NC 27052 | | | | Housewife | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 50 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 5/31/2008 | \$ 50 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 400 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 6,096 | |
| <i>(This line must be on last of Detailed Summary Page CRO-1100)</i> | | | | | | | |

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. Ball Number | |
| Nancy Young for County Commissioner | | | | | | 3CQXF2 | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Lynn Eisenberg 201 S. Pine Valley Rd Winston-Salem, NC 27104 | | | | Community Volunteer | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/20/2008 | | \$ 100 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Lee Chaden 2815 Bartram Road Winston-Salem, NC 27106 | | | | Executive Chairman of HBI | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Hanesbrands, Inc. 1000 W. Hanes Mill Road Winston-Salem, NC 27105 | | e. Election Sum to Date | |
| | | | | | | \$ 500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/23/2008 | | \$ 500 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Jack Ward 5960 River Chase Circle Atlanta, GA 30328 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 1,000 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/23/2008 | | \$ 1,000 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,600 | |
| 5. Total of ALL CRO 1210 Pages | | | | | | \$ 6,096 | |

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 Chair (if applicable) | | | | | | 2. Number |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------|-------------------------|
| Nancy Young for County Commissioner | | | | | | 3CQXF2 |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Donna Burke 2333 Rosewood Ave Winston-Salem, NC 27103 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 35 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/23/2008 | \$ | 35 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Gilmour Lake 1 Graylyn Place Ct Winston-Salem, NC 27106 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 200 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/24/2008 | \$ | 200 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Barbara L Welch 2795 Old Town Club Rd Winston-Salem, NC 27106 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 100 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 6/28/2008 | \$ | 100 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ | 335 |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ | 6,096 |

Contributions from Political Party Committees

Amendment

Yes No

Use this form to report contributions from a political party

| | | | | | | | |
|--|---------------------------|-------------------------------|--------------------------------|------------------|--|--------------------------------|--|
| 1. Committee Full Name (and ID number, if applicable) | | | | | | 2. ID Number | |
| Nancy Young for County Commissioner | | | | | | 3CQXF2 | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | | b. Comments | |
| Forsyth County Democratic Party 315 N Spruce St Winston-Salem, NC 27101 | | | | | | | |
| | | | | | | c. Election Sum to Date | |
| | | | | | | \$ 93 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| 1 | Check | | 5/29/08 | \$ 93 | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | | b. Comments | |
| | | | | | | | |
| | | | | | | c. Election Sum to Date | |
| | | | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 3. Contributor Information | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | | b. Comments | |
| | | | | | | | |
| | | | | | | c. Election Sum to Date | |
| | | | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 4. Total only this Page | | | | | | \$ 93 | |
| 5. Total of ALL CRO-1220 Pages | | | | | | \$ 93 | |

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| 1. Committee Full Name (and candidate, if applicable) | | | 2. ID Number | | |
|---|--------------------|---|--------------------------------|---------------------------------------|--|
| Nancy Young for County Commissioner | | | 3CQXF2 | | |
| 3. Contributor Information | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Board of Elections 201 N. Chestnut St. Winston-Salem, NC 27101 | | d. Type of Committee | | g. Comments | |
| | | <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party | e. Level Registered (Specify) | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Refund of overp | j. Election Sum to Date \$ |
| | | | | | |
| | | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: |
| | | | | i. Original Expenditure Amt \$ 207 | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount | |
| 1 | Check | | 04/07/2008 | \$ 25.78 | |
| 3. Contributor Information | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments | |
| | | <input type="checkbox"/> Candidate | <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party | e. Level Registered (Specify) | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | j. Election Sum to Date \$ |
| | | | | | |
| | | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: |
| | | | | | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 3. Contributor Information | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments | |
| | | <input type="checkbox"/> Candidate | <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party | e. Level Registered (Specify) | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | j. Election Sum to Date \$ |
| | | | | | |
| | | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: |
| | | | | | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 4. Total on this Page | | | | \$ 25.78 | |
| 5. Total on ALL CRG-1240 Pages | | | | \$ 25.78 | |

Disbursements

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, if applicable) | | | | | | 2. CRO Number |
|--|--------------------|---|---|---|-------------------------------------|---------------|
| Nancy Young for County Commissioner | | | | | | 3CQFX2 |
| 3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Board of Elections 201 North Chestnut Street Winston-Salem, NC 27101 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 12 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | O | 3/11/2008 | \$12 | District maps | |
| | | | | \$ | | |
| 4. Payee Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Office Depot 7774 North Point Boulevard Winston-Salem, NC 27104 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 26.66 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit card | K | 4/11/2008 | \$26.66 | Stationary, labels, env. | |
| | | | | \$ | | |
| 4. Payee Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Wachovia Bank & Trust 3375 Robinhood Road Winston-Salem, NC 27106 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 24.49 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Draft | B | 3/5/2008 | \$24.49 | Check printing | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 63.15 | |
| 6. Total of ALL CRO-1100 Pages | | | | | \$ 581.13 | |
| (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 category below) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | H* - Holding Public Office Expenses | |
| E - Salaries | F* - Equipment | G - Political Party | O* - Other | | | |
| I - Postage | J - Penalties | K* - Office Expenses | | | | |

Disbursements

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) | | | | | | ID Number |
| Nancy Young for County Commissioner | | | | | | 3CQFX2 |
| 3. Type of Disbursement <i>(Please use separate CRO-1100 forms for each type of disbursement)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments |
| Jennifer Dale 2191 Foxhunter Court Winston-Salem, NC 27106 | | | | | | |
| | | | | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | | \$ 34.98 |
| 5. Total only this Page | | | | | | |
| | | | | | | \$ 126.98 |
| 6. Total of ALL CRO-1100 Pages | | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 581.13 |
| 7. Purpose Codes <i>(List detailed expenditure code in (a) above)</i> | | | | | | |
| 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 |

Disbursements

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) | | | | | | AD Number |
|--|--------------------|---|-------------------------------------|---|-------------------------|-----------|
| Nancy Young for County Commissioner | | | | | | 3CQFX2 |
| 3. Type of Disbursement (Please check appropriate CRO-1100 forms for each type of Disbursement) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Absorbent, Ink. 1310 Wakarusa Dr., Suite A Lawrence, KS 66049 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 391.00 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit | B | 6/26/2008 | \$391.00 | Rally fans | |
| | | | | \$ | | |
| 4. Payee Information | | | | | | |
| 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 | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information | | | | | | |
| 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 | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | | | \$ 391.00 |
| 6. Total of All CRO-1100 Pages | | | | | | \$ 581.13 |
| (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 (Use detailed expenditure code 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 | | | |

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 | |
|---|---|-------------------------|--|
| Nancy Young for County Commissioner | | 3CQXF2 | |
| 3. Contributor Information | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments | |
| Nancy Young 2061 Polo Road 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 | d. Election Sum to Date | |
| | <input type="checkbox"/> Other Receipt Source | \$ 2,211 | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| Payment of filing fee | 2/14/08 | \$ 207 | |
| Payment of parking fee | 3/11/08 | \$ 4 | |
| | | \$ | |
| 3. Contributor Information | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments | |
| | <input type="checkbox"/> Individual | | |
| | <input type="checkbox"/> Candidate | | |
| | <input type="checkbox"/> Party | | |
| | <input type="checkbox"/> PAC | | |
| | <input type="checkbox"/> Referendum | d. Election Sum to Date | |
| | <input type="checkbox"/> Other Receipt Source | \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 3. Contributor Information | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments | |
| | <input type="checkbox"/> Individual | | |
| | <input type="checkbox"/> Candidate | | |
| | <input type="checkbox"/> Party | | |
| | <input type="checkbox"/> PAC | | |
| | <input type="checkbox"/> Referendum | d. Election Sum to Date | |
| | <input type="checkbox"/> Other Receipt Source | \$ | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 4. Total on this Page | | \$ 211 | |
| 5. Total on ALL CRO-1215 Pages | | \$ 211 | |
| *This form must be submitted to the State Board of Elections (Sample Page CRO-1215) | | | |