

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund Walter Marshall Campaign			6. Date 1-3-02	
2. Address 1500 Reynard Dr.			7. ID Number	
3. City Winston-Salem	4. State N.C.	5. Zip 27284	8. Phone 336-996-2218	

9. Type of Report	10. Period Covered		11. Amendment
	Start	End	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Type of Committee or Fund (Check one)

<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund: _____			

13. Treasurer Name
Harry James Jr. 1500 Reynard Dr. Kernersville, N.C. 27284

14. Assistant Treasurer Name(s)
Harold L. James, 1500 Reynard Dr. Kernersville, N.C. 27284

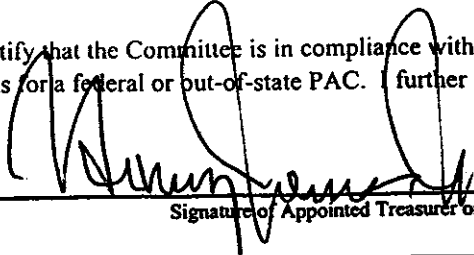
15. Custodian of Books Name ~~SAV. H~~
Harry James Jr.

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
Mechanics & Farmers Bank	Candidate Campaign		\$ 3309.19
			\$
			\$
			\$
			\$
			\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



 Signature of Appointed Treasurer or Candidate

1-3-02

 Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Walter Marshall Campaign					
Start of Election Cycle: January 1, 20__		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle					
5) Cash on Hand at Start of Present Reporting Period		\$			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 2,125	\$ 1720.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 10.44	\$ 17.97		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS		\$ 2135.44	\$ 1720.00		
<i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 435.50	\$ 1,374.25		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
15) Refunds from Committee	(CRO-1320)	\$ 0	\$ 0		
16) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
17) TOTAL EXPENDITURES		\$ 435.50	\$ 1,374.25		
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>					
18) Cash on Hand at End of Reporting Period		\$	\$		
<i>(For this Period, add lines 5 and 12 together, then subtract line 17)</i>		2959.44	3305.19		
<i>(For this Election Cycle, add lines 4 and 12 together, then subtract line 17)</i>					
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 0			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$ 0			

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Walter Marshall Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	James Allen Joines 5200 Mountain View Rd Winston-Salem, N.C. 27104		Check	4/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession Mayor of Winston-Salem				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Michael A. Grace 301 N. Main St Winston-Salem, N.C. 27101		Check	4/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession Attorney at law				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Eldridge D. Alston 536 Buck Run Dr Kernersville, N.C. 27284		CHECK Check	5/6/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	J. R. Gorham 804 Wood Dale Kernersville, N.C. 27284		CHECK Check	5/2/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Nancy N. Young 1622 Ivy Spring Dr. Smyrna, Ga. 30080		CHECK Check	5/6/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 525.00			
4. Total only this Page							\$ 525.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Walter Marshall Campaign							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William R. Warren 276 West End Blvd Winston-Salem, N.C. 27101 336/777-8010	00000000	Check	5/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
	b. Job Title/Profession Dentist				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Cedric L. Russell 1616 Eagle Crest Dr. Pfafftown, N.C. 27040 336-924-4899	00000000	Check	5/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00
	b. Job Title/Profession President of Russell Funeral Home				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Brenda E. Humphrey 1150 Barclay Terrace Winston-Salem, N.C.	00000000	Check	5/6/02	<input type="checkbox"/>	<input type="checkbox"/>	\$20.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Thomasine Pickard 3601 Sellwood Rd Winston-Salem, N.C. 27105	00000000	Check	6/6/02	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00
	b. Job Title/Profession Hair Stylist				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Gerald H. Long 7631 Lasater Rd Clemmons, N.C. 27102	00000000	Check	6/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200.00
	b. Job Title/Profession Retired Vice-President				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
R. J. Reynolds		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$595.00		
4. Total only this Page							\$595.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number																															
Walter Marshall Campaign																																						
										<table border="1"> <thead> <tr> <th>a. Full Name, Mailing Address & Phone (include city, state, & zip)</th> <th>d. Account Number/Code</th> <th>e. Form of Payment</th> <th>f. Date (mm/dd/yyyy)</th> <th>g. In-Kind</th> <th>h. Prior Report</th> <th>i. Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Dr. Harold L. Martin 5005 Marble Arch Rd Winston-Salem, N.C. 27104</td> <td>00000000</td> <td>Check</td> <td>6/9/02</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>\$100.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> </tbody> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	Dr. Harold L. Martin 5005 Marble Arch Rd Winston-Salem, N.C. 27104	00000000	Check	6/9/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$100.00				<input type="checkbox"/>	<input type="checkbox"/>	\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount																																
Dr. Harold L. Martin 5005 Marble Arch Rd Winston-Salem, N.C. 27104	00000000	Check	6/9/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$100.00																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
b. Job Title/Profession <u>Chancellor of Winston-Salem State University</u>							k. Election Cycle Sum to Date																															
c. Employer's Name/Specific Field							j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete																															
							\$																															
Don G. Angell																																						
										<table border="1"> <thead> <tr> <th>a. Full Name, Mailing Address & Phone (include city, state, & zip)</th> <th>d. Account Number/Code</th> <th>e. Form of Payment</th> <th>f. Date (mm/dd/yyyy)</th> <th>g. In-Kind</th> <th>h. Prior Report</th> <th>i. Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="4">P.O. Box 1670 Clemmons, N.C. 27012</td> <td>00000000</td> <td>Check</td> <td>6/10/02</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>\$500.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> </tbody> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	P.O. Box 1670 Clemmons, N.C. 27012	00000000	Check	6/10/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$500.00				<input type="checkbox"/>	<input type="checkbox"/>	\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount																																
P.O. Box 1670 Clemmons, N.C. 27012	00000000	Check	6/10/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$500.00																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
b. Job Title/Profession <u>Commercial Developer</u>							k. Election Cycle Sum to Date																															
c. Employer's Name/Specific Field							j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete																															
							\$																															
										<table border="1"> <thead> <tr> <th>a. Full Name, Mailing Address & Phone (include city, state, & zip)</th> <th>d. Account Number/Code</th> <th>e. Form of Payment</th> <th>f. Date (mm/dd/yyyy)</th> <th>g. In-Kind</th> <th>h. Prior Report</th> <th>i. Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="4"></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> </tbody> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount					<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
b. Job Title/Profession							k. Election Cycle Sum to Date																															
c. Employer's Name/Specific Field							j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete																															
							\$																															
										<table border="1"> <thead> <tr> <th>a. Full Name, Mailing Address & Phone (include city, state, & zip)</th> <th>d. Account Number/Code</th> <th>e. Form of Payment</th> <th>f. Date (mm/dd/yyyy)</th> <th>g. In-Kind</th> <th>h. Prior Report</th> <th>i. Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="4"></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> </tbody> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount					<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>	\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
				<input type="checkbox"/>	<input type="checkbox"/>	\$																																
b. Job Title/Profession							k. Election Cycle Sum to Date																															
c. Employer's Name/Specific Field							j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete																															
							\$																															
4. Total only this Page							\$ 600.00																															
5. Total of ALL CRO-1210 Pages (only show on last page)							\$																															
(This line must be on line 6 of Detailed Summary Page CRO-1100)																																						

Disbursements

1. Name of Committee or Fund		2. ID Number	
Walter Marshall Campaign			
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)			
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees	
<input type="checkbox"/> Coordinated Party Expenditures			
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee A.C. Phoenix 2523 N. Patterson Ave Winston-Salem, N.C. 336-727-1171	Campaign Ad		Check
			g. Date (mm/dd/yyyy)
			4/24/02
			h. Amount
			\$400.00
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee Howard Ward 859 Crawford St Winston-Salem, N.C. 27101 727-0813	Photograph for Newspaper Ads and Brochures		Check
			g. Date (mm/dd/yyyy)
			4/24/02
			h. Amount
			\$174.00
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee Harry James Jr 1500 Reynard Dr. Kernersville, N.C. 27284 336/996-2218	Reimbursement for Gas		Check
			g. Date (mm/dd/yyyy)
			4/24/02
			h. Amount
			\$25.00
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee Marie Roseborough 1444 Hattie Ave Winston-Salem, N.C. 27105 336-723-2539	Campaign Cards and Paper and Ink		Check
			g. Date (mm/dd/yyyy)
			4/24/02
			h. Amount
			\$100.00
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment
4. Payee Marie Roseborough 1444 Hattie Ave. Winston-Salem, N.C. 27105 336-723-2539	Partial Payment on Campaign Brochures		Check
			g. Date (mm/dd/yyyy)
			5/8/02
			h. Amount
			\$150.00
			\$
			\$
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		j. Election Cycle Sum To Date	
		\$849.00	
5. Total only this Page			\$849.06
6. Total of ALL CRO-1310 Related Pages (only show on last page)			\$
(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)			

Disbursements

1. Name of Committee or Fund Walter Marshall Campaign						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Sethos Court #105 2500 Old Greensboro Rd Winston-Salem, N.C. 27101		Advertisement		Money Order	5/21/02	\$ 50.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Atkins Class of 1972 (D.D. Adams) 3928 Appomattox Dr. Winston-Salem, N.C. 27105		Advertisement		Money Order	5/21/02	\$ 135.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Forsyth Board of Elections 680 W. Fourth St Winston-Salem, N.C. 27101		Getting other candidates expense reports		Money Order	5/21/02	\$ 13.50
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Harry James Jr. 1500 Reynard Dr Kernersville, N.C. 27284		Gas for Vehicle		Money Order	5/21/02	\$ 20.33
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Factory Express, Inc P.O. Box 44368 Rio Rancho, NM. 87174		Electric Folder No# 900		Money Order	5/24/02	\$ 306.42
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 525.25	
5. Total only this Page							\$
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
<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>							

Other Receipt Sources

1. Name of Committee or Fund Walter Marshall Campaign Committee				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Mechanics & Farmers Bank 770 Martin Luther King Dr Winston-Salem, N.C. 27105	0123456789	Interest	3-30-02	\$ 17.97
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 10.44
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 10.44
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

In-Kind Contributions

1. Name of Committee or Fund		2. ID Number		
Walter Marshall Campaign				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	N/A			\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$
4. Total only this Page				\$
5. Total of ALL CRO-1510 Pages <i>(only show on last page)</i> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$

Loan Proceeds

1. Name of Committee or Fund				2. ID Number		
Walter Marshall Campaign						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
	N/A	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code	
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
		g. Security Pledged				k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				\$
4. Total only this Page					\$	
5. Total of ALL CRO-1410 Pages (only show on last page)					\$	
(This line must be on line 9 of Detailed Summary Page CRO-1100)						

Outstanding Loans

1. Name of Committee or Fund			2. ID Number			
Walter Marshall Campaign						
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
	N/A	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$	
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$	
		g. Security Pledged				\$
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
4. Total only this Page					\$	
5. Total of ALL CRO-1430 Pages (only show on last page)					\$	
(This line must be on line 20 of Detailed Summary Page CRO-1100)						

Loan Repayments

1. Name of Committee or Fund			2. ID Number		
Walter Marshall Campaign					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	N/A	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type:			\$
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages <i>(only show on last page)</i>				\$	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					

To be Used by Committees to Report Contributions of over \$1,000

1. Committee Name Walter Marshall Campaign						7. Date 7-3-02
2. Committee Address 1500 REYNARD DR.						8. ID Number
3. City KERNERSVILLE NC	4. State NC	5. Zip 27284	6. Phone 919-221-8	9. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Treasurer Name
HARRY JAMES, JR.

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) N/A	b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
	d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
	e. If Ind, list Job Title/Profession: _____		f. If Ind, list Employer's Name/Specific Field: _____		
	g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code		j. Form of Payment

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
	d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
	e. If Ind, list Job Title/Profession: _____		f. If Ind, list Employer's Name/Specific Field: _____		
	g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code		j. Form of Payment

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
	d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
	e. If Ind, list Job Title/Profession: _____		f. If Ind, list Employer's Name/Specific Field: _____		
	g. Election Cycle Sum to Date \$	h. In-Kind <input type="checkbox"/>	i. Account Number/Code		j. Form of Payment

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$	13. Total Contributions THIS Page (sum all the 111 entries on this page)	\$
---	----	---	----

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

Date