

Disclosure Report Cover

COPY

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name Committee to Elect Molly Leight for City Council		c. ID Number 20-355879
b. Mailing Address (include City, State and Zip Code) 313 South Main Street Winston Salem, NC 27101		d. Date Filed 10/10/2005
		e. Phone Number 336-725-4325

2. Report Year 2005	3. Period Start Date (mm/dd/yyyy) 10/03/2005 9/28/2005	4. Period End Date (mm/dd/yyyy) 10/10/2005	5. Treasurer Full Name Linda Hobbs
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name Wachovia		a. Financial Institution Full Name	
b. Purpose checking for receipts and expenses	c. Code 117	b. Purpose	c. Code
	d. Period Begin Balance \$ 0. -		d. Period Begin Balance

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.

LINDA HOBBS Linda Hobbs 10/10/05
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10-11-05 Employee: Judy Peas Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Detailed Summary

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Molly Leight for City Council	Organizational	20-3558779	
Start of Election Cycle: January 1, 2002	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1790	\$ 1790	
6) Contributions from Individuals (CRO-1210)	\$ 9259.03	\$ 9259.03	
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 (CRO-1250)	\$	\$	
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 11,049.03	\$ 11,049.03	
EXPENDITURES			
14) Disbursements (CRO-1310)	\$	\$	
14a) Operating Expenditures (CRO-1310)	\$ 3089.85	\$ 3089.85	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 3089.85	\$ 3089.85	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 7959.18	\$ 7959.18	
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	\$	\$	

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Molly Leight for City Council</u>	2. ID Number <u>20-3558779</u>
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	Cash		10/04/2005	\$ 5.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 15.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/05/2005	\$ 25.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 25.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 25.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 30.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 30.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/04/2005	\$ 35.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/04/2005	\$ 50.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 50.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 50.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 75.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 75.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/04/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/06/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/04/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/07/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/06/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/03/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/06/2005	\$ 100.
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	117	check		10/04/2005	\$ 100.

4. Total only this Page	\$ 1490.
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 1790.

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Molly Leight for City Council				20-3558779	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		10/08/2005	\$ 100.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		10/08/2005	\$ 100.
<input type="checkbox"/> Add <input type="checkbox"/> Remove	117	check		10/08/2005	\$ 100.
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 300.-
5. Total of ALL CRO-1205 Pages					\$ 1790.
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MOLLY LEIGHT FOR CITY COUNCIL						2. ID Number 40-3558779	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Mayville 823 South Main St. Winston-Salem, NC 27101				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/03/05	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) LINDA HOBBS 516 SOUTH MAIN ST. WINSTON-SALEM, NC 27101				b. Job Title/Profession Director of HR		d. Comments	
				c. Employer's Name/Specific Field Concept Plastics, INC PO Box 847 High Point, NC 27261		e. Election Cycle Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/05/05	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alex Ewing 500 South Main St. Winston-Salem, NC 27101				b. Job Title/Profession retired		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/04/2005	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 650.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9259.03		

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Molly Leight for City Council						20-3558779	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Thomas A. Gray 10 West St. Winston-Salem, NC 27101				unemployed			
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/04/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John Hauser, II 319 South Main St. Winston-Salem, NC 27101				attorney			
				c. Employer's Name/Specific Field			
				self		e. Election Cycle Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/03/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Anne Wilson 445 Marshall View Court Winston-Salem, NC 27101				Librarian			
				c. Employer's Name/Specific Field			
				Bowman Gray School of Medicine		e. Election Cycle Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/03/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1500.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 9259.03	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Molly Leight for City Council						20-3558779	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dianne Furr PO Box 10915 Winston-Salem, NC 27108				guide			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Old Salem Inc		\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/07/2005	\$ 750.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Leslie M. Baker 2034 Buena Vista Rd. Winston-Salem, NC 27104				retired			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/07/2004	\$ 1000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Margaret Leight 5158 Sullivantown Road Walkertown, NC 27051							
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/03/2005	\$ 1000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9259.03	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Holly Leight for City Council						20-3558779	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Annette Leight 5170 Sullivan town Road Walkertown, NC 27051				retired			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/03/2005	\$ 1000.		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Elizabeth Guick 5017 Knobview Trail Winston Salem, NC 27104				attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Womble Carlyle		\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/05/2005	\$ 1000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Michael E. Ray 4269 Stonehenge Lane Winston-Salem, NC 27106 27106				teacher administrator attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Womble Carlyle		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	117	check		10/08/2005	\$ 250. -		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9259.03	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Molly Leight for City Council</i>	2. ID Number <i>30-3558779</i>
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Kathleen Pond 900 Rockford Pond High Point, NC 27262</i>	b. Job Title/Profession <i>Unemployed</i>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>500.00</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>117</i>	<i>check</i>		<i>10/10/05</i>	\$ <i>500.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Mary Leight 313 South main Street Winston-Salem, NC 27101</i>	b. Job Title/Profession <i>retired</i>	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>1609.03</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>charge card</i>		<i>10/07/2005</i>	\$ <i>1609.03</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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 Cycle Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page *(2109.03) / ~~2109.03~~* \$ *4001. - 2109.*

5. Total of ALL CRO-1210 Pages \$ *9259.03*
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursements

1. Committee Full Name (and Fund if applicable) Molly Leight for City Council				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US Postal Service Salem Station Winston Salem, NC 27108					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 690.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check	postage	10/04/2005	\$ 690.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
DIP PRINTING 235 Town Run Lane Winston-Salem, NC 27101					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 549.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	Check	postcards	09/30/2005	\$ 549.25	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Wooten Graphics, Inc. 172 Hinkle Lane Welcome, NC 27374					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1500.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	Credit card	Yard signs	09/30/2005	\$ 1500.00	
				\$	
5. Total only this Page				\$ 2739.25	
6. Total of ALL CRO-1310 Pages				\$ 3089.85	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Molly Leight for City Council</i>				2. ID Number <i>20-3558779</i>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>OFFICE DEPOT 1235 Silas Creek Pky Winston-Salem, NC 27127</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>156.14</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>credit card</i>	<i>office supplies labels</i>	<i>09/20/2005</i>	\$ <i>69.29</i>	
	<i>credit card</i>	<i>yard signs</i>	<i>10/07/2005</i>	\$ <i>39.74</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Wachovia Bank</i>			b. Coordinated Committee Name		d. Comments <i>service charge</i>
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>39.46</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>117</i>	<i>draft</i>	<i>service charge</i>	<i>10/04/2005</i>	\$ <i>39.46</i>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Office Depot 1235 Silas Creek Parkway Winston-Salem, NC 27127</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <i>156.14</i>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<i>117</i>	<i>check</i>	<i>tape+scissors</i>	<i>10/08/2005</i>	\$ <i>47.11</i>	
				\$	
5. Total only this Page				\$ <i>195.60</i>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ <i>3089.85</i>	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Molly Leight for City Council				20-3558779	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Mitch Kuhny 5241 South Pebble Creek Rd West Bloomfield, MI 48322-4178					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 155.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
117	check	campaign buttons	10/07/2005	\$ 155.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 155.00	
6. Total of ALL CRO-1310 Pages				\$ 3089.85	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					