

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment
 Yes No

COPY

1. Committee Information	
a. Full Name Elisabeth Matsinger for School Board	c. ID Number YCQLGV
b. Mailing Address (include City, State and Zip Code) 6548 Woodmere Drive Walkertown, N.C. 27051	d. Date Filed
	e. Phone Number 336-793-5222

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 02/19/10	4. Period End Date (mm/dd/yy) 04/17/10	5. Treasurer Full Name Shawn Dixon Angell
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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	<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"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Southern Community Bank	a. Financial Institution Full Name	b. Purpose Campaign Checking Account	b. Purpose
b. Purpose	c. Account Code MOT	c. Account Code	c. Account Code
d. Period Begin Balance \$ 50.00	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance

RECEIVED
 2010 MAY -3 PM 3:20
 FORSyth COUNTY BOARD OF ELECTIONS

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Shawn Dixon Angell Shawn Dixon Angell 05/03/10
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>5/3/2010</u>	Employee: <u>Judy Spears</u>	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.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elisabeth Motsinger For School Board				YCQLGV	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 50.00		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 905.00		\$ 905.00	
6) Contributions from Individuals (CRO-1210)		\$ 4050.00		\$ 4195.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ ⁽¹²⁾ 5008.00		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4050.00		\$ 5100.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2622.82		\$ 2622.82	
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)		\$ 50.00		\$ 50.00	
17) In-Kind Contributions (CRO-1510)		\$ -		\$ 95.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2672.82		\$ 2767.82	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2252.82		\$ 2332.18	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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. ID Number	
Elisabeth Motsinger for School Board					YCQLGV	
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	
Dan Besse P.O. Box 15306 Winston-Salem, N.C. 27113			Attorney			
			c. Employer's Name/Specific Field Self-Employed			
					e. Election Sum to Date \$ 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"/>	MOT	Check		03/01/10		\$ 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	
Mary J. Boneno 1408 Hannaford Road Winston-Salem, N.C. 27103			Owner			
			c. Employer's Name/Specific Field House of Plants			
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MOT	Check		03/01/10		\$ 100.00
<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	
Jack Campbell 1208 Brookstown Ave. Winston-Salem, N.C. 27101			Consultant Human Resources			
			c. Employer's Name/Specific Field Human Resources			
					e. Election Sum to Date \$ 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"/>	MOT	Check		03/01/10		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1100.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 4050.00	

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. ID Number	
Elisabeth Motsinger for School Board						YCQ LGV	
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	
Molly Leight 313 S. Main Street Winston-Salem, N.C. 27101				City Council Member			
				c. Employer's Name/Specific Field			
				City of Winston-Salem		e. Election 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"/>	MOT	Check		03/01/10		\$ 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)				b. Job Title/Profession		d. Comments	
Jeff Shindler 124 E. Sprague Street Winston-Salem, N.C. 27127				Political Consultant			
				c. Employer's Name/Specific Field			
				Self-Employed		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MOT	Check		03/01/10		\$ 100.00	
<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	
James Toole 109 Shady Lawn Drive Winston-Salem, N.C. 27104-3415				Actuary			
				c. Employer's Name/Specific Field			
				MBA Actuaries		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MOT	Check		03/01/10		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4050.00	

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. ID Number	
Elisabeth Motsinger for School Board					YCALGV	
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	
Earl Guill 2431 Reynolds Road Winston-Salem, N.C. 27104			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MOT	Check		03/22/10	\$ 100.00	
<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	
Janet Joyner 4178 Lytchfield Ct. Winston-Salem, N.C. 27104			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MOT	Check		03/22/10	\$ 100.00	
<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	
Cecile Naylor 5032 Meadow Hill Ct. Winston-Salem, N.C. 27106			Psychologist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			N.C. Baptist Hospital/WFU		\$ 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"/>	MOT	Check		03/12/10	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 4050.00	

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. ID Number	
Elisabeth Motsinger for School Board					YCQ LGV	
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	
Richard Gottlieb 391 Bent Tree Trail Kernersville, N.C. 27284			Director			
			c. Employer's Name/Specific Field			
			Senior Services			
					e. Election Sum to Date	
					\$ 125.00 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MOT	Check		03/26/10	\$ 125.00	
<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	
David Lambeth 520 Jersey Avenue Winston-Salem N.C. 27101			Owner			
			c. Employer's Name/Specific Field			
			Lighting Company			
					e. Election Sum to Date	
					\$ 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"/>	MOT	Check		03/26/10	\$ 250.00	
<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	
Kate Lambeth 520 Jersey Avenue Winston-Salem N.C. 27101			Artist			
			c. Employer's Name/Specific Field			
			Self-Employed			
					e. Election Sum to Date	
					\$ 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"/>	MOT	Check		03/26/10	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 4050.00	

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. ID Number	
Elisabeth Motsinger for School Board					YCALBV	
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	
Bob Bloomfield 805 Buttonwood Drive Winston-Salem, N.C. 27104			Physician			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election 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"/>	MOT	Check		04/12/2010		\$ 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)			b. Job Title/Profession		d. Comments	
Richard Gottlieb 391 Bent Tree Trail Kernersville, N.C. 27284			Director			
			c. Employer's Name/Specific Field			
			Senior Services		e. Election 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"/>	MOT	Check		04/12/2010		\$ 75.00
<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	
James G. Hanes III 1959 Peacehaven Rd. #311 Winston-Salem, N.C. 27106			Farmer			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election 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"/>	MOT	Check		04/12/2010		\$ 1000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1225.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 4050.00	

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. ID Number	
Elisabeth Motsinger for School Board					YCQLGV	
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	
Carol J. Ziel 4620 Century Oak Lane Winston-Salem, N.C. 27106			Physician			
			c. Employer's Name/Specific Field			
			Novant/Forsyth		e. Election 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"/>	MOT	Check		04/12/2010	\$ 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)			b. Job Title/Profession		d. Comments	
Herman Schmid, MD 720 Tam O Shanter Trail Winston-Salem, N.C. 27103			Physician			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MOT	Check		04/12/2010	\$ 100.00	
<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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 4050.00	

Aggregated Contributions from Individuals

Page

1 of 2

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)		2. ID Number				
Elisabeth Motsinger for School Board		YCALGV				
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	MOT	Check		03/01/10	\$ 35.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/01/10	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/12/10	\$ 15.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/12/10	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/12/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/12/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/26/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/26/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		03/26/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		04/12/10	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		04/12/10	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MOT	Check		04/12/10	\$ 25.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 780.00	
5. Total of ALL CRO-1205 Pages					\$ 905.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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) Elizabeth Motsinger For School Board						2. ID Number YCQLGV
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) John Motsinger 6548 Woodmere Drive Walkertown, N. C. 27051			b. Coordinated Committee Name Elizabeth Motsinger For School Board		d. Comments Reimbursement for kickoff - Motsinger for School Board	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 637.45	
f. Account Code MOT1	g. Form of Payment Check	h. Purpose Code C	i. Date (mm/dd/yyyy) 03/12/2010	j. Amount \$ 196.10	k. Required Remarks kickoff - for Motsinger for School Board - Reimbursement - MOT1 - Receipt 1 Costco	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Motsinger 6548 Woodmere Drive Walkertown, N. C. 27051			b. Coordinated Committee Name Elizabeth Motsinger for School Board		d. Comments Reimbursement for kick-off - motsinger for School Board	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 637.45	
f. Account Code MOT1	g. Form of Payment Check	h. Purpose Code C	i. Date (mm/dd/yyyy) 03/12/2010	j. Amount \$ 30.39	k. Required Remarks kickoff for Motsinger for School Board - reimbursement MOT1 - Receipt 2 Office Depot	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jeff Shindler Portland, Oregon (moved from W-S, N.C. to Portland Oregon)			b. Coordinated Committee Name Elizabeth Motsinger for School Board		d. Comments Reimbursement - office supplies, name tags - Office Depot - MOT1 Receipt 3	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 67.18	
f. Account Code MOT1	g. Form of Payment Check	h. Purpose Code K	i. Date (mm/dd/yyyy) 03/25/10	j. Amount \$ 18.25	k. Required Remarks Office Depot - MOT1 Receipt 3 reimbursement	
5. Total only this Page						\$ 274.74
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 2378.08 2622.82
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

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)					2. ID Number
Elisabeth Motsinger for School Board					YCLQGV
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
Jeff Shindler Portland, Oregon (Moved from W-S, N.C. to Portland, Oregon)			Elisabeth Motsinger for School Board		Copies of platform, palm cards, note cards - reimbursement
			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:		\$ 67.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MOT1	Check	K/B	03/25/10	\$ 48.93	Office Depot MOT1 Receipt & reimbursement
				\$	
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
John Motsinger 6548 Woodmore Drive Waltertown, N.C. 27051			Elisabeth Motsinger for School Board		MOT1 - Receipts Reimbursement for Motsinger for School Board - T-Shirts - (Zoom)
			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:		\$ 637.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MOT1	Check	C	04/08/2010	\$ 410.96	Reimbursement for tee-shirts - motsinger for school board
				\$	
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
ADF Printing Co., LLC 4794-A Kinnemon Road Winston-Salem, N.C. 27103			Elisabeth Motsinger for School Board		Payment for yard signs, bumper stickers, note cards, sign wires
			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:		\$ 1918.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MOT1	Check	B	04/12/2010	\$ 1918.19	Payment for printed material
				\$	
5. Total only this Page					\$ 2378.08
6. Total of ALL CRO-1310 Pages					\$ 2378.08 2622.82
(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 code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Elisabeth Matsinger For School Board			YCOLGV		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
N.C. Holocaust Foundation 90 Michael Abramson 5704 Crooked Stick Trail Raleigh, N.C. 27612		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/08/10	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 50.00			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		j. Election Sum to Date			
f. Purpose Code		L		\$ 0.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Director - N.C. Holocaust Foundation		N.C. Holocaust Foundation		MOTL	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
Check		Returned contribution of \$50.00 to 501623		04/12/2010	
				o. Amount	
				\$ 50.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		j. Election Sum to Date			
f. Purpose Code				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		j. Election Sum to Date			
f. Purpose Code				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 50.00
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					