

COPY

Disclosure Report Cover

FORSYTH COUNTY

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Committee Information	
a. Full Name COMMITTEE TO ELECT BRENDA B DIGGS	c. ID Number 538-4SV361-C-001
b. Mailing Address (include City, State and Zip Code) 3609 ANDREA LANE WINSTON SALEM, NC 27105	d. Date Filed 10/30/2013 10/29/2013
e. Phone Number	

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 08/28/2013	4. Period End Date (mm/dd/yy) 10/21/2013	5. Treasurer Full Name LUCRECIA R MOORE
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6. Type of Committee (Check One)		7. 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 type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
8. Type of Fund (if applicable)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
9. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		12. Account Information	
a. Financial Institution Full Name BRANCH BANKING & TRUST COMPANY	b. Purpose CAMPAIGN CONTRIBUTIONS & EXPENSES	a. Financial Institution Full Name	b. Purpose
c. Account Code BBD1	d. Period Begin Balance \$ 5,242.97	c. Account Code	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 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

Lucrecia R. Moore Lucrecia R. Moore 10/30/2013
Printed Name of Signer Signature of Appointed Treasurer Date
~~10/29/2013~~

FOR OFFICE USE ONLY

Date Received: 10/30/2013 Employee: Judy Speas Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
Date Scanned: _____ Employee: _____
Date Data Entered: _____ Employee: _____
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
COMMITTEE TO ELECT BRENDA B DIGGS	2013 Pre-Election	538-4SV361-C-001	
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,242.97	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 228.40	\$ 1,298.40
6) Contributions from Individuals (CRO-1210)		\$ 3,497.77	\$ 26,140.40
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,726.17	\$ 27,438.80
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 5,801.18	\$ 12,530.63
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 35.95
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1,176.17	\$ 5,032.80
17) In-Kind Contributions (CRO-1510)		\$ 1,176.17	\$ 9,023.80
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,153.52	\$ 26,623.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 815.62	\$ 815.62
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 70.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT BRENDA B DIGGS					538-4SV361-C-001	
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	BBD1	In-Kind	COPIES FROM FED EX KINKOS	09/16/2013	\$	4.25
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	In-Kind	PAYMENT FOR POSTAGE AND	08/30/2013	\$	48.03
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	In-Kind	PAYMENT FOR NATIONBUILDER	09/06/2013	\$	19.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	In-Kind	TAPE FROM OFFICE DEPOT	09/10/2013	\$	2.10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	In-Kind	WATER & SNACKS FOR CAMPAIGN	09/10/2013	\$	47.94
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	In-Kind	ALPHAGRAPHS TYPE SETTING FEE	09/13/2013	\$	7.08
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	Check		08/31/2013	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	Cash		09/05/2013	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BBD1	Cash		09/05/2013	\$	25.00
4. Total only this Page					\$	\$228.40
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$228.40

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Sum if applicable)	ID Number
COMMITTEE TO ELECT BRENDA B DIGGS	538-4SV361-C-001

2. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) NIGEL ALSTON 249 BROOKS LANDING DRIVE WINSTON SALEM, NC 27106	b. Job Title/Profession CONSULTANT	d. Comments
	c. Employer's Name/Specific Field SELF EMPLOYED	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BBD1	Check		09/03/2013	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104	b. Job Title/Profession UNIVERSITY ADMINISTRATOR	d. Comments
	c. Employer's Name/Specific Field WAKE FOREST UNIVERSITY	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BBD1	In-Kind	PAYMENT FOR POSTAGE & MAIL SERVICES	09/04/2013	\$ 230.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOSEPH R DANIELS 725 MORRIS ROAD WINSTON SALEM, NC 27101	b. Job Title/Profession INSURANCE AGENT	d. Comments
	c. Employer's Name/Specific Field STATE FARM INSURANCE COMPANY	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BBD1	Check		10/07/2013	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total on this Page	\$ 530.00
5. Total of ALL CRO 1210 Pages <i>(This information is not required if submitting Page CRO 1200)</i>	\$ 3,497.77

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					ID Number
COMMITTEE TO ELECT BRENDA B DIGGS					538-4SV361-C-001
2. 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	
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105			RETIRED		
			c. Employer's Name/Specific Field		
			WACHOVIA		
			e. Election Sum to Date		
			\$ 5.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BBD1	In-Kind	GAS FOR VAN FOR TRANSPORTATION TO	09/10/2013	\$ 62.01
<input type="checkbox"/>	BBD1	In-Kind	POSTAGE	09/10/2013	\$ 303.60
<input type="checkbox"/>	BBD1	In-Kind	PAYMENT FOR ROBO-CALLS	10/03/2013	\$ 217.56
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	
JIMMY L NORWOOD JR 3110 SHAFTESBURY LANE WINSTON SALEM, NC 27105			ARCHITECT		
			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"/>	BBD1	Check		09/04/2013	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. 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	
W NOAH REYNOLDS P O BOX 25367 WINSTON SALEM, NC 27114			EXECUTIVE DIRECTOR		
			c. Employer's Name/Specific Field		
			REYNOLDS FAMILY OFFICE		
			e. Election Sum to Date		
			\$ 2,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BBD1	Check		09/05/2013	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this Page					\$ 2,733.17
5. Total of ALL CRO 1205's					\$ 3,497.77

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BRENDA B DIGGS					538-4SV361-C-001	
3. Contributor Information <input type="checkbox"/> Full <input type="checkbox"/> Fund						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANNETTE M WILSON 3275 PARRISH ROAD WINSTON SALEM, NC 27105			RESERVATIONS AGENT			
			c. Employer's Name/Specific Field			
			US AIRWAYS			
					e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BBD1	In-Kind	POSTAGE	09/09/2013	\$ 234.60	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total of this Page					\$ 234.60	
5. Total of ALL CRO 1210 Pages <small>(Include this form if it is a Debit Statement on CRO 1210)</small>					\$ 3,497.77	

Disbursements

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BRENDA B DIGGS	ID Number 538-4SV361-C-001
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2. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CAPTURE P O BOX 20604 WINSTON SALEM, NC 27120	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 Sum to Date \$ 126.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	O	09/17/2013	\$ 126.74	FACEBOOK PAY PER CLICK ADVERTISING
				\$	

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) EXCALIBUR P.O. BOX 11628 WINSTON SALEM, NC 27116	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 Sum to Date \$ 3,038.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	B	08/28/2013	\$ 382.49	PRINTING CAMPAIGN
BBD1	Check	B	08/28/2013	\$ 903.33	POSTCARDS CAMPAIGN POSTCARDS

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) GALILEE MISSIONARY BAPTIST CHURCH 4129 NORTHAMPTON DRIVE WINSTON SALEM, NC 27105	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 Sum to Date \$ 1,241.93

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	O	09/04/2013	\$ 353.42	HOT DOG SOCIAL
BBD1	Check	O	09/17/2013	\$ 508.58	CATERING ELECTION NIGHT CATERING

5. Total only this Page \$ 2,274.56

6. Total of ALL CRO-1310 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)
 \$ 5,801.18

7. Purpose Codes (List detailed expenditure code in (b) 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			

8. Codes require detailed explanation in required remarks field (a)

Disbursements

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Email, if applicable)	2. ID Number
COMMITTEE TO ELECT BRENDA B DIGGS	538-4SV361-C-001

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	
SIR SPEEDY PRINTING 1011 BURKE STREET WINSTON SALEM, NC 27101					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,022.17	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	B	09/03/2013	\$ 229.14	COLOR ENVELOPES
BBD1	Check	B	09/09/2013	\$ 254.87	CAMPAIGN HANDOUTS

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	
SIR SPEEDY PRINTING 1011 BURKE STREET WINSTON SALEM, NC 27101					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,022.17	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	B	09/09/2013	\$ 489.45	ASHLEY & BROWN
BBD1	Check	B	09/16/2013	\$ 415.36	DOUGLAS CAMPAIGN COLOR ENVELOPES

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	
THE CHRONICLE P.O. BOX 1636 WINSTON SALEM, NC 27102					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,231.20	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BBD1	Check	A	09/09/2013	\$ 712.80	CAMPAIGN
				\$	ADVERTISEMENT

5. Total only this Page \$ 2,101.62

6. Total of ALL CRO-1310 Page \$ 5,801.18
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 7. Purpose Codes (Use detailed expenditure code in (b) if applicable)**
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| 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 | | | |

8. Codes require detailed explanation in required remarks section (b)

Disbursements

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and fund if applicable) COMMITTEE TO ELECT BRENDA B DIGGS		2. ID Number 538-4SV361-C-001	
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of disbursement) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Agent <input type="checkbox"/> Party			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WINSTON SALEM JOURNAL P O BOX 3159 WINSTON SALEM, NC 27102		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 Sum to Date \$ 1,425.00
f. Account Code BBD1	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/05/2013
		j. Amount \$ 1,425.00	k. Required Remarks CAMPAIGN ADVERTISEMENT
Total only this Page		\$ 1,425.00	
Total All CRO-1100's		\$ 5,801.18	
<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>			
5. Purpose Codes (list detailed expenditure code in Remarks field) 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			
6. Codes require detailed explanation in required Remarks field (6)			

Refunds/Reimbursements From the Committee Pg 2 of 4

Amendment
 Yes No

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

1. Committee Full Name (and fund, if applicable)		2. ID Number		
COMMITTEE TO ELECT BRENDA B DIGGS		538-4SV361-C-001		
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		g. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		08/06/2013
				i. Original Receipt Amount
				\$ 19.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	REIMBURSEMENT FOR WEBSITE MONTHLY FEE	09/06/2013	\$ 19.00
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		g. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		09/10/2013
				i. Original Receipt Amount
				\$ 303.60
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	POSTAGE	09/10/2013	\$ 303.60
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		g. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		09/13/2013
				i. Original Receipt Amount
				\$ 7.08
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	REIMBURSEMENT FOR TYPE SETTING FEE	09/13/2013	\$ 7.08
4. Total only this Page				\$ 329.68
5. Total for DL/CRO-1320 Page				\$ 1,176.17
6. Purpose Codes (list detailed reimbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kim O* - Other				
7. If you require details explanation, use required remarks field (m)				

Refunds/Reimbursements From the Committee Pg 3 of 4

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT BRENDA B DIGGS		538-4SV361-C-001		
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		e. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/10/2013
				i. Original Receipt Amount
				\$ 2.10
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	REIMBURSEMENT FOR TAPE PURCHASED AT OFFICE DEPOT	09/13/2013	\$ 2.10
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		e. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/10/2013
				i. Original Receipt Amount
				\$ 47.94
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	REIMBURSEMENT FOR WATER & SNACKS FOR VOLUNTEERS	09/13/2013	\$ 47.94
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		e. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/10/2013
				i. Original Receipt Amount
				\$ 62.01
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
RETIRED	WACHOVIA	P		\$ 5.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
BBD1	Check	REIMBURSEMENT FOR GAS	09/13/2013	\$ 62.01
4. Total on this Page				\$ 112.05
5. Total of ALL CRO-1320 Pages (This total does not include Deadweight Savings Page (CRO-1110))				\$ 1,176.17
6. Purpose Code (Use included abbreviations or codes: C - Candidate, B - Ballot, P - Party, R - Referendum, O - Other)				
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* - Other		
7. Codes require a full explanation in required remarks field (in)				

Refunds/Reimbursements From the Committee Pg 4 of 4

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BRENDA B DIGGS				538-4SV361-C-001	
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		g. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			f. Purpose Code		h. Original Receipt Date
RETIRED			WACHOVIA		10/03/2013
i. Original Receipt Amount					
\$ 217.56					
k. Account Code		l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
BBD1		Check	PAYMENT FOR ROBO CALLS		10/03/2013
o. Amount					
\$ 217.56					
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		g. Comments
ANNETTE M WILSON 3275 PARRISH ROAD WINSTON SALEM, NC 27105			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			f. Purpose Code		h. Original Receipt Date
RESERVATIONS AGENT			US AIRWAYS		09/09/2013
i. Original Receipt Amount					
\$ 234.60					
k. Account Code		l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
BBD1		Check	POSTAGE		09/09/2013
o. Amount					
\$ 234.60					
Total only this Page					\$ 452.16
Total of ALL GROSS UP PAYS					\$ 1,176.17
6. Purpose Codes (Type based on reimbursement code in (b) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* - Other			
7. Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Pg 1 of 3

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT BRENDA B DIGGS		538-4SV361-C-001
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 5.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT FOR NATIONBUILDER WEBSITE	09/06/2013	\$ 19.00
TAPE FROM OFFICE DEPOT	09/10/2013	\$ 2.10
WATER & SNACKS FOR CAMPAIGN VOLUNTEERS	09/10/2013	\$ 47.94
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 5.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
ALPHAGRAPHS TYPE SETTING FEE	09/13/2013	\$ 7.08
POSTAGE	09/10/2013	\$ 303.60
PAYMENT FOR ROBO-CALLS	10/03/2013	\$ 217.56
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 0.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COPIES FROM FED EX KUNKOS	09/16/2013	\$ 4.25
		\$
		\$
4. Total on this Page		\$ 80.37
5. Total for ALL CRO-1510 Pages		\$ 1,176.17

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT BRENDA B DIGGS		538-4SV361-C-001
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 0.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT FOR POSTAGE AND BANNERS	08/30/2013	\$ 48.03
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SANDRA C BOYETTE 153 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 0.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT FOR POSTAGE & MAIL SERVICES	09/04/2013	\$ 230.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BRENDA B DIGGS 3069 ANDREA LANE WINSTON SALEM, NC 27105	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	
	<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 5.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
GAS FOR VAN FOR TRANSPORTATION TO POLLS	09/10/2013	\$ 62.01
		\$
		\$
4. Total on this Page		\$ 861.20
5. Total of ALL CRO-1510 Pages (This includes the value of all Donated Services Page CRO-1210)		\$ 1,176.17

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund, if applicable)		2. ID Number	
COMMITTEE TO ELECT BRENDA B DIGGS		538-4SV361-C-001	
3. Contributor Information <input type="checkbox"/> At Home <input type="checkbox"/> Out of State			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ANNETTE M WILSON 3275 PARRISH ROAD WINSTON SALEM, NC 27105		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 0.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		09/09/2013	\$ 234.60
			\$
			\$
4. Total on this Page			\$ 234.60
5. Total of ALL CRO-1215 Pages (Use the number on the top of Donor Summary Page (CRO-1210))			\$ 1,176.17