COPY

Disclosure Report Cover

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name	c. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040	10/26/2013
	e. Phone Number
	(336) 924-6240

2013 OCT 28 PM 1:02
RECEIVED

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	01/01/2013	10/21/2013	JENNIFER LAMAR

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☒ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
SUNTRUST BANK	
b. Purpose	**c. Account Code**
KLEINMAIER FOR NORTH WARD CONTRIBUTIONS & EXPENDITURES	KNW1
	d. Period Begin Balance
	$ 565.

3. Account Information

a. Financial Institution Full Name	
b. Purpose	**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

Jennifer K Lamar	Jennifer K Lamar	10/26/2013
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10/28/2013	Employee:	Judy Lucas
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ 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 ☐ Yes ☒ 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
KLEINMAIER FOR NORTH WARD	2013 Pre-Election	000-6CQ4Q5-0-000

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 565.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 0.00	$ 0.00
6) Contributions from Individuals	(CRO-1210)	$ 2,145.32	$ 2,145.32
7) Contributions from Political Party Committees	(CRO-1220)	$ 250.00	$ 250.00
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)		$ 2,395.32	$ 2,395.32
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 136.18	$ 136.18
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	$ 0.00
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 0.00	$ 0.00
17) In-Kind Contributions	(CRO-1510)	$ 1,124.32	$ 1,124.32
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1,260.50	$ 1,260.50
19) *Cash on Hand at End* (Add lines 4 and 12 together, then subtract line 18)		$ 1,699.82	$ 1,134.82
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	$ 0.00

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HARRY BAIRD 2015 DUCKWORTH CT WINSTON SALEM, NC 27106	RETIRED	Air Transportation		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		09/30/2013	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK BAKER 2965 RHONSWOOD DR TOBACCOVILLE, NC 27050	PRINCIPAL	SALEM SCHOOL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		10/13/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN CANDILLO 1224 BOLTON ST WINSTON SALEM, NC 27103 (336) 768-9852	RETIRED	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/06/2013	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 125.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DINAH DISHER 306 BOWEN LAKE DR KERNERSVILLE, NC 27284	RETIRED	NONE		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		09/24/2013	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA DOLLYHIGH 118 WALNUT DR MOUNT AIRY, NC 27030	RETIRED	SUITS USA		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/19/2013	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WALTER EMERY 6758 FOREST OAK DR CLEMMONS, NC 27012	RETIRED	Computer and Electronic Product Manufacturing		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	25 CAMPAIGN BUTTONS @1. EACH	10/08/2013	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN HOPKINS 1635 BRIGHT LEAF RD PFAFFTOWN, NC 27040 (336) 924-9783	IT PROFESSIONAL	PC OVERHAUL OF THE TRIAD		$ 288.59

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/04/2013	$ 200.00
☐	KNW1	In-Kind	INK FOR PRINTER	09/09/2013	$ 88.59
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALAN KLEINMAIER 128 N. 8TH ST APT 2C ALLENTOWN, PA 18101	CEO	QITOPIA, INC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Cash		07/20/2013	$ 50.00
☐	KNW1	Cash		08/03/2013	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	RETIRED	NONE		$ 1,010.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	FILING FEE PAID TO FORSYTH COUNTY	07/19/2013	$ 5.00
☐	KNW1	In-Kind	PORTRAIT INNOVATIONS - PICTURES FOR	07/30/2013	$ 74.71
☐	KNW1	In-Kind	NATIONAL FEDERATION OF REPUBLICAN WOMEN	07/31/2013	$ 65.00

4. Total only this Page	$ 533.30
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	RETIRED	NONE		$ 1,010.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	INK FOR PRINTER PURCHASED AT SAMS	08/02/2013	$ 44.57
☐	KNW1	In-Kind	STAPLES - THANK YOU CARDS	08/05/2013	$ 4.79
☐	KNW1	In-Kind	VISTA PRINT PURCHASE 8 MAGNETS 1500 CARDS	08/05/2013	$ 74.15

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	RETIRED	NONE		$ 1,010.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	VISTA PRINT PURCHASE OF 2500 BUSINESS	08/08/2013	$ 112.18
☐	KNW1	In-Kind	SIGN DEPOT = 100 SIGNS AND YARD STAKES	08/09/2013	$ 233.00
☐	KNW1	In-Kind	VISTA PRINT PURCHASE 5000 FLYERS	08/16/2013	$ 52.31

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	RETIRED	NONE		$ 1,010.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	2 WARD MAPS	09/13/2013	$ 12.00
☐	KNW1	In-Kind	GOODWILL - CORD FOR PRINTER	09/15/2013	$ 2.14
☐	KNW1	In-Kind	STAPLES PRINTER PAPER	09/15/2013	$ 3.20

4. Total only this Page	$ 538.34
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	RETIRED	NONE		$ 1,010.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	In-Kind	LEXMARK - INK FOR PRINTER	09/16/2013	$ 137.68
☐	KNW1	In-Kind	50 CAMPAIGN SIGNS 18X24	09/30/2013	$ 190.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BEVERLY LUNG 7004 DISCOVERY LN WALKERTOWN, NC 27057	SELF EMPLOYED	Insurance Carriers and Related Activities		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Cash		09/25/2013	$ 10.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
IRENE MAY 5310 FOREST MILL DR PFAFFTOWN, NC 27040	SCHOOL BOARD	WSFC SCHOOLS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/28/2013	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 387.68
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARIE MINGUS 2523 C MILLER PARK CT WINSTON SALEM, NC 27103	SELF EMPLOYED	J EVELYN DESIGNS		$ 1.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Cash		09/30/2013	$ 1.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT OBENSHAIN 2211 MERCK DR WINSTON SALEM, NC 27106	RETIRED IMMIGRATION OFFICER	US GOVERNMENT		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/21/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETTY PARKER 1403 MILLER ST WINSTON SALEM, NC 27103	RETIRED	RETIRED		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/06/2013	$ 10.00
☐					$
☐					$

4. Total only this Page	$ 61.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDY PETERS 1457 RIDGEMERE LN WINSTON SALEM, NC 27106	PHYSICIAN	GASTROENTEROLOGY ASSOCIATES OF THE PIEDMONT		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		08/30/2013	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH RAYMOND 5000 SPLIT RAIL CIR APT 1C WINSTON SALEM, NC 27106	911 OPERATOR	CITY OF WINSTON SALEM		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		09/23/2013	$ 120.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CELESTE STANLEY 2941 SAINT CLAIRE RD WINSTON SALEM, NC 27106-5037	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		07/25/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 270.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

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 Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BARBARA VANANTWERP 1401 KENWOOD ST WINSTON SALEM, NC 27103	SYSTEMS SUPPORT ANALYST **c. Employer's Name/Specific Field** WELLS FARGO BANK	**e. Election Sum to Date** $ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KNW1	Check		07/31/2013	$ 30.00
☐					$
☐					$

4. Total only this Page	$ 30.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,145.32

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
FORSYTH COUNTY REPUBLICAN WOMEN PO BOX 30160 WINSTON SALEM, NC 27103	
	c. Election Sum to Date
	$ 250.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
KNW1	Check		09/17/2013	$ 250.00
				$
				$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 250.00

Disbursements

Pg 1 of 2 | 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)	2. ID Number
KLEINMAIER FOR NORTH WARD	C00-6CQ4Q5-0-000

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLOVERDALE ACE HARDWARE CLOVERDALE AVENUE WINSTON SALEM, NC 27106	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 33.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KNW1	Check	I	10/16/2013	$ 33.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FORSYTH COUNTY REPUBLICAN PARTY NC	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality: Forsyth	e. Election Sum to Date $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KNW1	Check	O	09/25/2013	$ 50.00	DINNER WITH US REP DARRELL ISSA
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STAPLES 430 HANES MILL RD N. WINSTON SALEM, NC 27105	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 10.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KNW1	Check	B	09/18/2013	$ 10.98	STAPLES LASER BRIGHT PAPER
				$	

5. Total only this Page	$ 93.98
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)*	$ 136.18

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

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)	2. ID Number
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
USPS BETHANIA POST OFFICE BETHANIA, NC 27010	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 42.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KNW1	Check	I	09/16/2013	$ 42.20	
				$	

5. Total only this Page	$ 42.20
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)*	$ 136.18

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)**

In-Kind Contributions

Amendment ☐ Yes ☒ 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
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
WALTER EMERY 6758 FOREST OAK DR CLEMMONS, NC 27012	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 25.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
25 CAMPAIGN BUTTONS @1. EACH	10/08/2013	$ 25.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JOHN HOPKINS 1635 BRIGHT LEAF RD PFAFFTOWN, NC 27040 (336) 924-9783	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 288.59

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
INK FOR PRINTER	09/09/2013	$ 88.59
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,010.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE PAID TO FORSYTH COUNTY	07/19/2013	$ 5.00
PORTRAIT INNOVATIONS - PICTURES FOR CANDIDATE FLYERS	07/30/2013	$ 74.71
NATIONAL FEDERATION OF REPUBLICAN WOMEN - CAMPAIGN MANAGEMENT SCHOOL	07/31/2013	$ 65.00

4. Total only this Page	$ 258.30
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1,124.32

In-Kind Contributions

Amendment ☐ Yes ☒ 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
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,010.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
INK FOR PRINTER PURCHASED AT SAMS CLUB	08/02/2013	$ 44.57
STAPLES - THANK YOU CARDS	08/05/2013	$ 4.79
VISTA PRINT PURCHASE 8 MAGNETS 1500 CARDS 2 TSHIRTS	08/05/2013	$ 74.15

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,010.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
VISTA PRINT PURCHASE OF 2500 BUSINESS CARDS - KLEINMAIER FOR NORTH WARD CITY COUNCIL	08/08/2013	$ 112.18
SIGN DEPOT = 100 SIGNS AND YARD STAKES	08/09/2013	$ 233.00
VISTA PRINT PURCHASE 5000 FLYERS	08/16/2013	$ 52.31

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,010.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 WARD MAPS	09/13/2013	$ 12.00
GOODWILL - CORD FOR PRINTER	09/15/2013	$ 2.14
STAPLES PRINTER PAPER	09/15/2013	$ 3.20

4. Total only this Page	$ 538.34
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1,124.32

In-Kind Contributions

Amendment ☐ Yes ☒ 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
KLEINMAIER FOR NORTH WARD	000-6CQ4Q5-0-000

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA KLEINMAIER 5611 WHIPPOORWILL DR PFAFFTOWN, NC 27040 (336) 924-6240	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,010.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
LEXMARK - INK FOR PRINTER	09/16/2013	$ 137.68
50 CAMPAIGN SIGNS 18X24	09/30/2013	$ 190.00
		$

4. Total only this Page	$ 327.68
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1,124.32