

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		2013 SEP -3 AM 11:49		c. ID Number
NOAH REYNOLDS 4 CITY COUNCIL		RECEIVED		WCR2C8
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P6 Box 15586 WINSTON-SALEM, NC 27113			09/03/2013	
			e. Phone Number	
			(336) 768-5073	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2013	07/31/2013	08/27/2013	MARK A CAN SINK	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
ONE				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Wells Fargo Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
general banking campaign committee account	WSNOAH			
	d. Period Begin Balance		d. Period Begin Balance	
	\$5,974.63		\$	
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.				
MARK A SINK		[Signature]		9/3/13
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	9/3/2013	Employee:	Judy Speas	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
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				
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

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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
NOAH REYNOLDS 4 CITY COUNCIL	PRE-PRIMARY	QCQZCQ
Start of Election Cycle: January 1, <u>2013</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 5,976.63	\$ 5
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 11.00
6) Contributions from Individuals (CRO-1210)	\$ 8,565.35	\$ 15,628.31
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 5,000.00	\$ 5,000.00
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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 13,565.35	\$ 20,639.31
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 9,014.46	\$ 9,087.83
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)	\$ 1,023.96	\$ 1,023.96
17) In-Kind Contributions (CRO-1510)	\$ 1,740.35	\$ 2,764.31
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 11,778.77	\$ 12,876.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7,763.21	\$ 7,763.21
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
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)	\$ 1,500.00	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 10 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	
NDAH REYNOLDS 4 CITY COUNCIL						QCQZC0	
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 WESLEY INGRAM 2521 GILMER AVE WINSTON-SALEM, NC 27105 (336) 727-4788				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FORMER MILITARY		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	COUNTER DEPOSIT		08/16/2013	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILL SPENCER 367 PINE VALLEY RD WINSTON-SALEM, NC 27104 (336) 470-9346				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JKS, PNC.		\$ 4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	CHECK		08/21/2013	\$ 2,000.00		
<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	
BARBARA MILLHOUSE 2148 Faculty DR Winston-Salem 27106 (336) 759-2513				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MUSEUM DIRECTOR		\$ 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"/>	WSNOAH	CHECK		08/21/2013	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,700.00	
5. Total of ALL CRO-1210 Pages						\$ 8565.35	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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) NOAH REYNOLDS 4 CITY COUNCIL						2. ID Number 0C0260
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHERY HOLLINGSWORTH 2251 OLIVET CHURCH RD WINSTON-SALEM, NC 27106 (336) 424-6563			b. Job Title/Profession Consultant		d. Comments	
			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"/>	WSNOAH	CHECK		08/21/2013	\$ 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) SANDRA R. REYNOLDS 140 NORTH STRATFORD RD WINSTON-SALEM, NC 27104 (336) 724-0460			b. Job Title/Profession WIDOW		d. Comments	
			c. Employer's Name/Specific Field HOMEMAKER		e. Election Sum to Date \$ 2,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	CHECK		08/22/2013	\$ 400.00	
<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) TED KAPLAN 11695 DOUBLE SPRING RD LEWISVILLE, NC 27023 (336) 945-2337			b. Job Title/Profession OLYMPIA		d. Comments	
			c. Employer's Name/Specific Field KAPLAN LEARNING		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"/>	WSNOAH	CHECK		08/21/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8565.35	

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	
NOAH REYNOLDS 4 City Council						RCCZC 0	
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	
DEBORAH D HALL 319 COLLEGE RD #203 GREENSBORO, NC 27410 (336) 207-3324				HR CONSULTANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ADP		\$ 2100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	WSNOAH	CHECK		08/25/2013		\$ 1,000.00	
<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	
NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113 (336) 725-9845				SELF EMPLOYED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				APRIL 2013 PMT + MGMT.		\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	PPNOAH	PAYPAL		08/14/2013		\$ 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	
CHARLES TARNEY P.O. BOX 16243 WINSTON-SALEM NC 27115 (336) 399-6099				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				STANLEYVILLE PAYING		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	PPNOAH	PAYPAL		08/16/2013		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,100.00	
5. Total of ALL CRO-1210 Pages						\$ 8565.35	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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) <u>Nolan Reynolds 4 City Council</u>						2. ID Number <u>QCQZCØ</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>RON LOFTIS, JR 5184 HUNTCLIFF TR WINSTON-SALEM, NC 27104 (336) 768-6801</u>				b. Job Title/Profession <u>APPRAISER</u>		d. Comments	
				c. Employer's Name/Specific Field <u>LOFTIS COMPANIES</u>		e. Election Sum to Date \$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/20/2013</u>	\$ <u>100.00</u>		
<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) <u>DOMINGO ACASI 2601 Pilgrim Court Winston-Salem, NC 27106 (336) 399-8477</u>				b. Job Title/Profession <u>EXECUTIVE</u>		d. Comments	
				c. Employer's Name/Specific Field <u>INMAP</u>		e. Election Sum to Date \$ <u>25.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/22/2013</u>	\$ <u>25.00</u>		
<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) <u>CENITH COMBS 5317 TILFORD LN RALEIGH, NC 27613 (919) 555-1212</u>				b. Job Title/Profession <u>TBD</u>		d. Comments	
				c. Employer's Name/Specific Field <u>TBD</u>		e. Election Sum to Date \$ <u>50.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/22/2013</u>	\$ <u>50.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <u>175.00</u>		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>8565.35</u>		

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) <u>Noah Reynolds 4 City Council</u>						2. ID Number <u>QCQZCØ</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>RICK HARRIS</u> <u>2580 AARON LANE</u> <u>WINSTON-SALEM, NC 27106</u> <u>(336) 406-9054</u>				b. Job Title/Profession <u>PROFESSOR</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Wake Forest Univ.</u>		e. Election Sum to Date <u>\$ 300.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/22/2013</u>	<u>\$ 300.00</u>		
<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) <u>CHIA NAGAN</u> <u>305 Meadowbrook Terrace</u> <u>Greensboro, NC 27408</u> <u>(336) 232-0654</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Haleycon Peris</u>		e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/22/2013</u>	<u>\$ 100.00</u>		
<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) <u>ANDY DREYFUS</u> <u>243 South Marshall St.</u> <u>Winston-Salem, NC 27101</u> <u>(336) 749-1012</u>				b. Job Title/Profession <u>VC MANAGER</u>		d. Comments	
				c. Employer's Name/Specific Field <u>PAN</u>		e. Election Sum to Date <u>\$ 50.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PPNOAH</u>	<u>PAYPAL</u>		<u>08/23/2013</u>	<u>\$ 50.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>450.00</u>	
5. Total of ALL CRO-1210 Pages						\$ <u>8565.35</u>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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) <u>Noah Reynolds 4 City Council</u>						2. ID Number <u>QCQZC</u>
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>HEINZ ALTMAN 1930 Angela ST Winston Salem, NC 27104 (336) 409-3015</u>			b. Job Title/Profession <u>EXECUTIVE</u>		d. Comments	
			c. Employer's Name/Specific Field <u>HANESBRAND</u>		e. Election Sum to Date <u>\$ 25.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>PP NOAH</u>	<u>PAYPAL</u>		<u>08/25/2013</u>	<u>\$ 25.00</u>	
<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) <u>LEE CHADEN 2815 BARTRAM RD WINSTON-SALEM, NC 27106 (336) 721-7291</u>			b. Job Title/Profession <u>TBD</u>		d. Comments	
			c. Employer's Name/Specific Field <u>TBD</u>		e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>PP NOAH</u>	<u>PAYPAL</u>		<u>08/26/2013</u>	<u>\$ 100.00</u>	
<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) <u>QUAD QUABLAND 415 OAKLAWN AVE WINSTON-SALEM, NC 27104 (336) 837-8811</u>			b. Job Title/Profession <u>OWNER/IT</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Quabland LLC</u>		e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>PP NOAH</u>	<u>PAYPAL</u>		<u>08/26/2013</u>	<u>\$ 100.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>225.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ <u>8565.35</u>	

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) <i>Noah Reynolds 4 City Council</i>						2. ID Number <i>QCOZCP</i>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>ALAN TEITELMAN 2126 POLO RD WINSTON-SALEM, NC 27106 (336) 283-9077</i>				b. Job Title/Profession <i>Professor</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Wake Forest University</i>		e. Election Sum to Date \$ <i>25.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>PP NOAH</i>	<i>PAYPAL</i>		<i>08/26/2013</i>	\$ <i>25.00</i>		
<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) <i>JIM HANES 231 W-5TH ST. WINSTON-SALEM, NC 27101 (336) 761-5421</i>				b. Job Title/Profession <i>Farmer</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Self employed</i>		e. Election Sum to Date \$ <i>200.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>PP NOAH</i>	<i>PAYPAL</i>		<i>08/26/2013</i>	\$ <i>200.00</i>		
<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) <i>ALLISON PERKINS 5316 Fairburn Dr. WINSTON-SALEM, NC 27106 (336) 251-5185</i>				b. Job Title/Profession <i>Exec. Director</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Reynolds Hales Museum of American Art</i>		e. Election Sum to Date \$ <i>25.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>PP NOAH</i>	<i>PAYPAL</i>		<i>08/27/2013</i>	\$ <i>25.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <i>250.00</i>		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <i>8565.35</i>		

Contributions from Individuals

Pg 6 of 10 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) <u>Naah Reynolds 4 city Council</u>						2. ID Number <u>Q CQ 260</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>BUTCH HOUCK 508 Northgate Park Dr Winston-Salem, NC 27106 (336) 972-6278</u>				b. Job Title/Profession <u>Architect</u>		d. Comments	
				c. Employer's Name/Specific Field <u>W.D. Hancock & Assoc</u>		e. Election Sum to Date <u>\$ 50.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PP Naah</u>	<u>PayPal</u>		<u>08/27/2013</u>	<u>\$ 50.00</u>		
<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) <u>MATT YORK 1005 GREENHURST RD WINSTON-SALEM, NC 27104 (336) 414-6680</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Wahl Estlecock Bosack</u>		e. Election Sum to Date <u>\$ 25.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PP Naah</u>	<u>PayPal</u>		<u>08/27/2013</u>	<u>\$ 25.00</u>		
<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) <u>ROBERT de la Vergna 124 West End Blvd. Winston-Salem, NC 27101 (336) 722-4353</u>				b. Job Title/Profession <u>Artist</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Self Employed</u>		e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>PP Naah</u>	<u>PayPal</u>		<u>08/27/2013</u>	<u>\$ 100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>175.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ <u>8565.35</u>	

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	
NOAH REYNOLDS 4 CITY COUNCIL						QCQZCQ	
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 336-722-2083				REAL EST MGT/DEV			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	RESERVE WEBSITES	08/06/2013	\$ 129.05		
<input type="checkbox"/>	✓	✓	✓	08/08/2013	\$ 247.17		
<input type="checkbox"/>	✓	✓	PRINTER PAPER/INK	08/16/2013	\$ 138.50		
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 336-722-2083				REAL EST MGT/DEV			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	FACEBOOK PROMO.	08/18/2013	\$ 51.13		
<input type="checkbox"/>	✓	✓	✓	08/19/2013	\$ 50.00		
<input type="checkbox"/>	✓	✓	✓	08/20/2013	\$ 50.00		
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 336-722-2083				REAL EST. MGT/DEV			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	FACEBOOK PROMO	08/21/2013	\$ 50.00		
<input type="checkbox"/>	✓	✓	✓	08/22/2013	\$ 50.00		
<input type="checkbox"/>	✓	✓	✓	08/23/2013	\$ 50.00		
4. Total only this Page						\$ 815.85	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8565.35	

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	
NOAH REYNOLDS 4 CITY COUNCIL					QCQZCQ	
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 336-722-2083			REAL EST MGT/DEV			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF		\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	FACEBOOK PROMO	08/24/2013	\$ 50.00	
<input type="checkbox"/>	✓	✓	✓	08/25/2013	\$ 161.36	
<input type="checkbox"/>	✓	✓	✓	08/26/2013	\$ 179.07	
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	
NOAH REYNOLDS PO BOX 15586 WINSTON-SALEM, NC 27113 336-722-2083			REAL EST MGT/DEV			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF		\$ 2864.31	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	FACEBOOK PROMO	08/27/2013	\$ 250.01	
<input type="checkbox"/>	WSNOAH	PD FBO CAMPAIGN	CAMPAIGN MGR HOUSING	08/12/2013	\$ 284.06	
<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					\$ 924.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8565.35	

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	
NOAH REYNOLDS 4 CITY COUNCIL						DLOZ CQ	
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	
JKS INCORPORATED (PAY DEBT) 301 WELCOME CENTER BLVD WELCOME, NC 27374 (336) 722-429							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4,030.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	Check	B*	08/05/2013	\$ 123.83	Yard Signs / Stickers		
WSNOAH	Check	B	08/23/2013	\$ 3,907.05	- Signs -		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
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	
N.C. Democratic Party (VAN) 220 Hillsborough ST Raleigh, NC 27603 (919) 821-2777							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	Check	C*	08/05/2013	\$ 150.00	Votebuilder		
				\$			
5. Total only this Page						\$ 4180.88	
6. Total of ALL CRO-1310 Pages						\$ 9014.46	
<small>(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)</small>							
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

12

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	
NOAH REYNOLDS 4 CITY COUNCIL						DLQZCO	
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	
ADAM LIMEHOUSE (MGR) 1227 Meigs Pl. NE #1 Washington, DC 20002 (301) 653-0807							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2106.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	Check	E*	08/05/2013	\$ 500.00	Campaign MGR		
WSNOAH	Check	E*	08/16/2013	\$ 500.00	Campaign MGR		
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	
ADAM LIMEHOUSE (MGR) 1227 Meigs Pl. NE #1 Washington, DC 20002 (301) 653-0807							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2106.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	Check	E*	08/21/2013	\$ 500.00	Campaign MGR		
WSNOAH	Check	B*	08/21/2013	\$ 339.95	Reimb. / Printing		
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	
ADAM LIMEHOUSE (MGR) 1227 Meigs Pl. NE #1 Washington, DC 20002 (301) 653-0807							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2106.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	Check	I	08/21/2013	\$ 46.00	Reimb. Stamps		
WSNOAH	Check	E	08/28/2013	\$ 220.96	Reimb. Housing		
5. Total only this Page						\$ 2,106.91	
6. Total of ALL CRO-1310 Pages						\$ 9,014.46	
(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		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
NOAH REYNOLDS 4 CITY COUNCIL						OCQZCΦ
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	
Forsyth County Board of Elections (maps) 201 N. Chestnut Street Winston-Salem, NC 27101 (336) 703-2800						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 24.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	check	B*	08/06/2013	\$ 24.00	MAPS	
				\$		
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	
EXCALIBUR Direct Mail Marketing 4820 Ballantyne Station Rd. (1st mailer) Winston-Salem, NC 27105 (336) 744-5000						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 746.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	check	A*	08/16/2013	\$ 746.38	MAILER 1ST	
				\$		
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	
Forsyth County Democratic Party (Buttons) 1128 Burke Street Winston-Salem, NC 27101 (336) 724-5941						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WSNOAH	check	B*	08/19/2013	\$ 3.00	Buttons	
				\$		
5. Total only this Page						\$ 773.38
6. Total of ALL CRO-1310 Pages <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>						\$ 9014.46
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	
NOAH REYNOLDS 4 CITY COUNCIL						060260	
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 (Station) 1011 Burke St. Winston-Salem, NC 27101 (336) 722-4109							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1,113.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	CHECK	B*	08/21/2013	\$ 1,113.99	PRINTING Stationery		
				\$			
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	
Dr Miktric M. Biggs (MAR) 3 CHURCH CIRCLE #284 ANNAPOLIS, MD 21401							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 746.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WSNOAH	CHECK	E	08/26/2013	\$ 746.00	CAMP CASH MGT		
				\$			
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	
PAYPAL BANK FEES 2211 North First St. San Jose, CA 95131 (408) 376-7400							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 74.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
PPNOAH	ELECTRONIC	D*	08/27/2013	\$ 74.30	Bank Fees		
				\$			
5. Total only this Page						\$ 1,934.29	
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)						\$ 9014.46	
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	
NOAH REYNOLDS 4 CITY COUNCIL						RCLQZCØ	
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	
Wells Fargo Bank Fee 2925 R. Reynolds Rd Durham - Salem NC 27106 [336] 771-8221							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 92.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WKNOR	Electronic	D*	08/14/2013	\$ 19.00	Bank Fee		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 19.00	
6. Total of ALL CRO-1310 Pages <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>						\$ 9014.46	
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)							

Refunds/Reimbursements From the Committee

Pg 1 of 1 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		
NOAH REYNOLDS 4 CITY COUNCIL			PC22C8		
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	
NOAH REYNOLDS P.O. Box 15386 WINSTON-SALEM, NC 27113 (336) 471-1600		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		08/05/2013	
b. Job Title/Profession		c. Employer's Name/Specific Field		e. Level Registered	
Resi. S. G. G. G.		Self-Employed		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
i. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		Reimb. Candidate		08/05/13	
				o. Amount	
				\$1,023.96	
f. Purpose Code		g. Comments		j. Election Sum to Date	
P* In Kind		Reimburse		\$1,023.96	
				k. Account Code	
				WS NOAH	
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			
b. Job Title/Profession		c. Employer's Name/Specific Field		e. Level Registered	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
f. Purpose Code		g. Comments		j. Election Sum to Date	
				\$	
				k. Account Code	
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			
b. Job Title/Profession		c. Employer's Name/Specific Field		e. Level Registered	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
f. Purpose Code		g. Comments		j. Election Sum to Date	
				\$	
				k. Account Code	
4. Total only this Page					
				\$ 1,023.96	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					
				\$ 1,023.96	
6. Purpose Codes (List detailed disbursement code in (f) above)					
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)					

In-Kind Contributions

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	
NOAH REYNOLDS CITY COUNCIL		QCQZCQ	
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WF Go Daddy.com - Reserve Web Sites		08/06/2013	\$ 129.05
BBT Go Daddy.com - Reserve Web Sites		08/08/2013	\$ 247.17
WF OFFICE DEPOT - Printer Paper & INK		08/16/2013	\$ 138.50
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	
NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBT Facebook.com - PROMOTION OF POSTS		08/18/2013	\$ 51.13
BBT Facebook.com - PROMOTION OF POSTS		08/19/2013	\$ 50.00
BBT Facebook.com - PROMOTION OF POSTS		08/20/2013	\$ 50.00
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	
NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBT Facebook.com - Promotion of Posts		08/21/2013	\$ 50.00
BBT Facebook.com - Promotion of Posts		08/22/2013	\$ 50.00
BBT Facebook.com - Promotion of Posts		08/23/2013	\$ 50.00
4. Total only this Page		\$ 815.85	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 1,740.35	

In-Kind Contributions

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	
NOAH REYNOLDS CITY COUNCIL		000200	
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBT Facebook.com - Promotion of Posts		08/24/2013	\$ 50.00
BBT Facebook.com - Promotion of Posts		08/25/2013	\$ 161.36
BBT Facebook.com - Promotion of Posts		08/26/2013	\$ 179.07
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	
NOAH REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBT Facebook.com - Promotion of Posts		08/27/2013	\$ 250.01
			\$
			\$
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	
Noah REYNOLDS P.O. Box 15586 WINSTON-SALEM, NC 27113		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2,764.31	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Housing 8/12/13 to 8/19/13 adem		08/12/2013	\$ 284.06
Extended stay (CAMPAIGN MGR)			\$
			\$
4. Total only this Page		\$ 984.50	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 1,740.35	

Loan Proceeds

Pg 1 of 1 Amendment Yes No

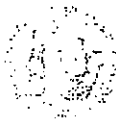
Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) NOAH REYNOLDS 4 CITY COUNCIL				2. ID Number CQ2C0	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NOAH REYNOLDS P.O. BOX 15586 WINSTON-SALEM, NC 27113		b. Job Title/Profession Real Estate Management		d. Comments	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy) 08/20/2013	
				f. End Date (mm/dd/yyyy) 12/31/2013	
g. Rate 0%	h. Security Pledged /	i. Account Code WS NOAH	j. Form of Payment Cash Check	k. Amount \$ 5,000.00	
l. Full Name of Lending Institution Candidate				m. Loan Number 1	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$	

Account Transfers Within the Committee

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
NOAH REYNOLDS 4 CITY COUNCIL		QCQ2CØ		
3. Transfer Information				
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP NOAH	WSNOAH	08/22/2013	\$ 1000.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP NOAH	WS NOAH	08/23/2013	\$ 500.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$
4. Total only this Page				\$ 1500.00
5. Total of ALL CRO-1720 Pages				\$ 1500.00
(This line must be on line 24 of Detailed Summary Page CRO-1100)				



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27605

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: NOAH REYNOLDS 4 CITY COUNCIL
- Person or committee to make loan: NOAH REYNOLDS
- Date of loan to committee: 08/20/2013
- Name of lending institution and account number (source): _____

- Amount of loan: \$5000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____

- Period of loan: 12/31/2013
- Rate of interest of loan: 0%
- Security pledged for loan: NONE

I, NOAH REYNOLDS, acknowledge that all of the information
(Person lending money to committee)
 provided is complete, true, and accurate. I further understand I may not forgive a loan
 that has an outstanding balance to any source.

W. Noah Reynolds
 Signature of Lender

8/20/13
 Date Signed

Mark A. Hill
 Signature of Treasurer of Committee

8/20/13
 Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.