


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 <i>Marilynn Baker for School Board</i>		c. ID Number <i>1CQKZA</i>							
b. Mailing Address (include City, State and Zip Code) <i>209 Rockford Rd Kernersville, NC 27284</i>		d. Date Filed <i>10-29-18</i>							
		e. Phone Number <i>336-813-6556</i>							
2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>02/18/2018</i>	4. Period End Date (mm/dd/yy) <i>10-20-2018</i>	5. Treasurer Full Name <i>Marilynn Baker</i>						
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Municipal</th> <th style="background-color: #d3d3d3;">State/County</th> <th style="background-color: #d3d3d3;">Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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 </td> <td> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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 </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name 							
8. Number of Fundraisers this Report 									
11. Account Information		11. Account Information							
a. Financial Institution Full Name <i>Wells Fargo</i>		a. Financial Institution Full Name							
b. Purpose <i>Checking</i>	c. Account Code <i>01</i>	b. Purpose	c. Account Code						
	d. Period Begin Balance \$ <i>0</i>		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 of Elections.									
<i>Marilynn Baker</i> Printed Name of Signer		 Signature of Appointed Treasurer							
		<i>10-29-18</i> Date							
FOR OFFICE USE ONLY									
Date Received:	<i>10/29/18</i>	Employee:	<i>[Signature]</i>						
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

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
Marilynn Baker for School Bd	3Q	1CQKZA
Start of Election Cycle: January 1, <u>2018</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>0</u>	\$ <u>0</u>
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ <u>1387.79</u>	\$ <u>1387.79</u>
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ <u>500.00</u>	\$ <u>500.00</u>
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)	\$ <u>1887.79</u>	\$ <u>1887.79</u>
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ <u>1387.79</u>	\$ <u>1387.79</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>1387.79</u>	\$ <u>1387.79</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>500.00</u>	\$ <u>500.00</u>
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <u>500.00</u>	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 3

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	
Marilynn Batar for School Board					1CQKZA	
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
Marilynn Baker 209 Rockford Rd Kernersville, NC 336-813-6556				Retired Educator		
				c. Employer's Name/Specific Field		
				UNCG (Retired)		e. Election Sum to Date
						\$ 672.79
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-kind	Filing fee	2/28/2018*	\$ 108.00	
<input type="checkbox"/>	-	In-kind	Palm Cards	7/08/2018	\$ 22.76	
<input type="checkbox"/>	-	In-kind	Deposit for Yard Signs	10/02/2018	\$ 400.00	
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
Marilynn Baker (see above)				See above		
				c. Employer's Name/Specific Field		
				see above		e. Election Sum to Date
						\$ 672.79
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-kind	Palm Cards	10-4-2018	\$ 51.78	
<input type="checkbox"/>	-	In-kind	Flyers	09-21-2018	\$ 8.75	
<input type="checkbox"/>	-	In-kind	Flyers	09-28-2018	\$ 10.00	
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
Marilynn Baker (see above)				See above		
				c. Employer's Name/Specific Field		
				see above		e. Election Sum to Date
						\$ 672.79
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-kind	Flyers	10-02-2018	\$ 10.00	
<input type="checkbox"/>	-	In-kind	Palm Cards	10-02-2018	\$ 61.50	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 672.79	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1387.79	

*Just now filing above threshold. I thought I would stay below \$1000, but I was mistaken.

Contributions from Individuals

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

Pg 2 of 3
Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Marilynn Bates for School Board		JCQK24	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone Valerie Le Coeur Brokenbrough 455 Carolina Circle Winston-Salem, NC 27104 336-624-5115			
b. Job Title/Profession Business Owner			
c. Employer's Name/Specific Field Zoe B Organics (Baby Products)			
d. Comments			
e. Election Sum to Date \$ 146-			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone Valerie Le Coeur Brokenbrough 455 Carolina Circle Winston-Salem, NC 27104 336-624-5115			
b. Job Title/Profession (See above)			
c. Employer's Name/Specific Field (See above)			
d. Comments			
e. Election Sum to Date \$ 140-			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone Valerie Le Coeur Brokenbrough 455 Carolina Circle Winston-Salem, NC 27104 336-624-5115			
b. Job Title/Profession (See above)			
c. Employer's Name/Specific Field (See above)			
d. Comments			
e. Election Sum to Date \$ 140-			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone John Coyne 214 N. Hawthorne Ave Winston-Salem, NC 27127 336-734-2924			
b. Job Title/Profession Scene Designer			
c. Employer's Name/Specific Field Univ of NC School of the Arts			
d. Comments			
e. Election Sum to Date \$ 160-			
4. Total only this Page			
4. Total only this Page \$ 240.00			
5. Total of ALL CRO-1210 Pages \$ 1387.79			

Contributions from Individuals

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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	
Marilyn Baker for School Board					1CQKZA	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Haydee Thompson 211 East 3rd St. W-S, NC 27101 (717) 489-2771				b. Job Title/Profession Self-employed c. Employer's Name/Specific Field Photographer - i Bed & Breakfast		d. Comments e. Election Sum to Date \$ 475-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-kind	video	10/18/2018	\$ 475-	
<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 c. Employer's Name/Specific Field		d. Comments 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"/>					\$	
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 c. Employer's Name/Specific Field		d. Comments 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					\$ 475-	
5. Total of ALL CRO-1210 Pages					\$ 1387 79	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Loan ProceedsPg 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)				2. ID Number	
Marilynn Baker for School Board				JCQKZA	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marilynn Baker 209 Rockford Rd Kernersville, NC 27284 (336) 813-6556			b. Job Title/Profession Retired Educator		d. Comments
			c. Employer's Name/Specific Field UNCG (retired)		e. Start Date (mm/dd/yyyy) 10/18/2010
			f. End Date (mm/dd/yyyy) 12/31/2018		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
— %	—	01	check	\$ 500—	
l. Full Name of Lending Institution				m. Loan Number	
Marilynn Baker (personal)				—	
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)				500—	

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Marilynn Baker for School Board		JCQKZA	
3. Lender 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
Marilynn Baker 209 Rockford Rd Kernersville, NC 27284 (336) 813-6556		Retired Educator	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		UNCG (retired)	10/18/2018
			f. End Date (mm/dd/yyyy)
			12/31/2018
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
— %	—	\$ 500	\$ 500
k. Full Name of Lending Institution		l. Loan Number	
—		—	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 500	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 500	

In-Kind ContributionsPg 1 of 3

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	
Marilynn Baker for School Board		1CQKZA	
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	
Marilynn Baker 209 Rockford Rd Kernersville, NC 27284 336-813-6556		<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	
		c. Comments	
		d. Election Sum to Date \$ 672.79	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing fee		2/28/2018	\$ 108 ⁰⁰
Palm Cards		7/08/2018	\$ 22 ⁷⁶
Deposit for yard signs		10/02/2018	\$ 400 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	
Marilynn Baker (see above)		<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	
		c. Comments	
		d. Election Sum to Date \$ 672.79	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Palm Cards		10/4/2018	\$ 51 ⁷⁸
Flyers		09/21/2018	\$ 8 ⁷⁵
Flyers		09/28/2018	\$ 10 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	
Marilynn Baker (see above)		<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	
		c. Comments	
		d. Election Sum to Date \$ 672.79	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flyers		10-02-2018	\$ 10 ⁰⁰
Palm Cards		10-02-2012	\$ 61 ⁵⁰
			\$
4. Total only this Page		\$ 672.79	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1387.79	

In-Kind ContributionsPg 2 of 3

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	
Marilynn Baker for School Board		1CQKZA	
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	
Valerie LeCoeur Brockenbrough 455 Carolina Circle Winston-Salem, NC 27104 336-624-5115		<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	
		c. Comments	
		d. Election Sum to Date \$ 140 ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Face book Promotion ("We want to hear")		9/2/2018	\$ 10 ⁰⁰
Facebook Promotion ("We believe")		9/24/2018	\$ 10 ⁰⁰
Facebook Promotion ("Want a More Balanced")		9/28/2018	\$ 20 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	
Valerie LeCoeur Brockenbrough (see above)		<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	
		c. Comments	
		d. Election Sum to Date \$ 140 ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Facebook Promotion ("Here in Forsyth")		10/17/2018	\$ 50 ⁰⁰
Facebook Promotion ("Want a More Balanced")		10/12/2018	\$ 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	
John Coyne 214 N. Hawthorne Ave W-S, NC 27127 336-734-2924		<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	
		c. Comments	
		d. Election Sum to Date \$ 100 ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Artwork		10/18/2018	\$ 100 ⁰⁰
			\$
			\$
4. Total only this Page			\$ 240 ⁰⁰
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1387 ⁷⁹

In-Kind ContributionsPg 3 of 3

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	
Marilynn Baker for School Board		JCQKZA	
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	
Haydee Thompson 211 East 3rd St W-S, NC 27101 (717) 989-2771		<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	
		c. Comments	
		d. Election Sum to Date \$ 475 ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Video		10/18/2018	\$ 475 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	
		<input 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	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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	
		<input 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	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 475 ⁰⁰	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1387 ⁷⁹	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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.

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

- Name of committee to receive loan: Marilynn Baker for School Board
- Person or committee to make loan: Marilynn Baker
- Date of loan to committee: 10/18/2018
- Name of lending institution and account number (source):
my wells fargo (personal checking account) source of funds
- Amount of loan: \$ 500.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Marilynn Baker
- Period of loan: Through campaign closing (12/31/18)
- Rate of interest of loan: —
- Security pledged for loan: —

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

[Signature]
Signature of Lender

10/29/2018
Date Signed

[Signature]
Signature of Treasurer of Committee

10/29/2018
Date Signed