

Detailed Summary

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

RECEIVED <small>Amendment No. 14</small> 2011 WAKE CO. BOARD OF ELECTIONS
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1. Committee Full Name (and Fund if applicable) Elect Simon For School Board	2. Type of Report 2010 Mid-year Semi-Annual Report	3. ID Number 2011
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Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 576.36	\$ 0

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 1,916.22
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 4,404.29
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 350.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 3,000
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$ 9,670.51

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 20.00	\$ 4,623.21
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 125.00	\$ 206.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 17.08	\$ 310.42
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 384.42	\$ 2,240.51
17) In-Kind Contributions (CRO-1510)	\$	\$ 2,260.51
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 546.50	\$ 9,640.65
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 29.86	\$ 29.86

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2200)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

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
Elect Simon For School Board					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Elect Lindy Brown for County Commissioner. 1207 Silverhill Ct. Garner, NC 27529 919-740-3195		Elect Lindy Brown for County Commissio			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/30/2010	\$50	Campaign donation
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Elect Don Mial for County Commissioner P.O. Box 41085 Raleigh, NC 27629 919-247-5152		Elect Don Mial for County Commissioner			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/30/2010	\$25	Campaign Donation
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Elect Jack Nichols for County Commissioner P.O. Box 2107 Raleigh, NC 27602 919-783-8755		Elect Jack Nichols for County Commissio			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/30/2010	\$25.00	Campaign donation
				\$	
5. Total only this Page					\$ 100.00
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>					\$ 145.00
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

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1. Committee Full Name (and Fund if applicable)					2. ID Number
Elect Simon For School Board					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		b. Coordinated Committee Name		d. Comments	
Rosa Gill for House of Representatives 2408 Foxtrot Rd. Raleigh, NC 27610 919-821-0425		Rosa Gill for House of Representatives			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/30/2010	\$25.00	Campaign donation
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		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 <small>(include city, state, & zip)</small>		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					\$ 25.00
6. Total of ALL CRO-1310 Pages					\$ 145.00
<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>					
7. Purpose Codes <small>(List detailed expenditure code in (h.) above)</small>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

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1. Committee Full Name (and Fund if applicable)					2. ID Number
Elect Simon For School Board					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Karen Simon 5801 Magellan Way, Apt. 106 Raleigh, NC 27612 919-889-8487		b. Coordinated Committee Name Elect Simon for		d. Comments Debt owed to individual	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" 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
1	Cash	O	06/30/2010	\$20.00	Debt repayment
				\$	
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) <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) <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					\$ 20.00
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>					\$ 145.00
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	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

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	
Elect Simon For School Bord							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Karen Simon 5801 Magellan Way, Apt. 106 Raleigh, NC 27612 919-889-8487			Grants Manager		Check to DWWC due to no more campaign checks		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			State of NC		\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		06/30/2010	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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						\$ 20.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 20.00	

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Elect Simon for School Board					
3. Payee Information <input checked="" 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	
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/01/2009	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,260.51	
f. Purpose Code		j. Election Sum to Date			
0		\$ 20.00			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Grants Manager	State of NC	debit reimbursement due to no campaign checks		1	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
Cash	donation to Democrat Wake Womens Club	06/30/2010	\$ 20.00		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
4. Total only this Page				\$ 20.00	
5. Total of ALL CRO-1320 Pages. (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 384.42	
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)					