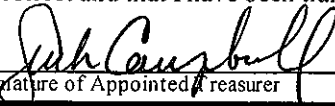


COPY

Disclosure Report Cover

Amendment

 Yes NoUse 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 FORWARD TOGETHER WINSTON-SALEM		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 315 NORTH SPRUCE STREET, SUITE 215 WINSTON-SALEM, NC 27101		d. Date Filed 01/09/2015	
e. Phone Number			
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 11/08/2014	4. Period End Date (mm/dd/yy) 12/31/2014	5. Treasurer Full Name JACK H CAMPBELL JR
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <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	
7. Type of Fund (if applicable, check one)		State/County <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	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name NEWBRIDGE BANK		a. Financial Institution Full Name	
b. Purpose DEPOSITING DONATIONS AND PAYING EXPENSES	c. Account Code C-1	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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			
<u>JACK H. CAMPBELL JR.</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		01/09/2015 Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____	<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	
FORWARD TOGETHER WINSTON-SALEM	2014 Annual		
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 20,049.99	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 151.97
6) Contributions from Individuals	(CRO-1210)	\$ 1,500.65	\$ 14,505.65
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 1,000.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 13,000.00
11c) Outside Sources of Income	(CRO-1250)	\$ 5,000.00	\$ 31,871.52
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 6,500.65	\$ 60,529.14
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 19,813.54	\$ 50,594.21
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 49.34
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,732.75	\$ 1,732.75
17) In-Kind Contributions	(CRO-1510)	\$ 1,500.65	\$ 4,649.14
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 23,046.94	\$ 57,025.44
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,503.70	\$ 3,503.70
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 232.10	\$ 232.10

Contributions from Individuals

Pg 1 of 1

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	
FORWARD TOGETHER WINSTON-SALEM						
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
STEPHEN STRAWSBURG 364 BUCKINGHAM RD WINSTON-SALEM, NC 27104				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
				e. Election Sum to Date		
				\$ 1,500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C-1	In-Kind	EXPENSES, FOOD & BEV WRAP-UP EVENT	12/12/2014	\$ 1,500.65	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.65	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,500.65	

Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
FORWARD TOGETHER WINSTON-SALEM				
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) NOVANT HEALTH 3333 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103		b. Not-for-Profit Federal ID #	d. Comments	
		c. Outside Source Explanation		
			e. Election Sum to Date	
	\$	5,000.00		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
C-1	Check		11/20/2014	\$ 5,000.00
				\$
5. Total only this Page			\$ 5,000.00	
6. Total of ALL CRO-1250 Pages			\$ 5,000.00	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				

Disbursements

Amendment

Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) FORWARD TOGETHER WINSTON-SALEM						2. ID Number	
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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> VELA 315 NORTH SPRUCE ST, SUITE 215 WINSTON-SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 19,813.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
C-1	Check	ABO	11/14/2014	\$ 14,924.16	JOURNAL AD, CARDS &		
C-1	Check	BO	12/04/2014	\$ 4,889.38	POLL WORKERS MARKETING SERVICES		
5. Total only this Page						\$ 19,813.54	
6. Total of ALL CRO-1310 Pages						\$ 19,813.54	
<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 (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	
FORWARD TOGETHER WINSTON-SALEM					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MIKE HORN 1125 FALLBROOK LANE LEWISVILLE, NC 27023			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/30/2014
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
					\$ 232.10
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ADVERTISING EXECUTIVE		HORN & STRONACH		P	
				j. Election Sum to Date	
				\$ 0 (232.10)	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
C-1	Check	EVENT EXPENSES		12/04/2014	\$ 232.10
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
STEPHEN STRAWSBURG 364 BUCKINGHAM RD WINSTON-SALEM, NC 27104			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		12/12/2014
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
					\$ 1,500.65
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED		RETIRED		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
C-1	Check	EXPENSES, FOOD & BEV WRAP-UP EVENT		12/16/2014	\$ 1,500.65
4. Total only this Page					\$ 1,732.75
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,732.75
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-Kin 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	
FORWARD TOGETHER WINSTON-SALEM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
STEPHEN STRAWSBURG 364 BUCKINGHAM RD WINSTON-SALEM, NC 27104	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
			d. Election Sum to Date
			\$ 1,500.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
EXPENSES, FOOD & BEV WRAP-UP EVENT	12/12/2014	\$ 1,500.65	
		\$	
		\$	
4. Total only this Page		\$ 1,500.65	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,500.65	

Debts and Obligations Owed By the Committee

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable) FORWARD TOGETHER WINSTON-SALEM		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) VELA 315 NORTH SPRUCE ST, SUITE 215 WINSTON-SALEM, NC 27101		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor CAMPAIGN SERVICES & CONSULTING	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 14,924.16	\$ 14,924.16	\$ 0.00	\$ 0.00
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks

3. Creditor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
VELA 315 NORTH SPRUCE ST, SUITE 215 WINSTON-SALEM, NC 27101		b. Description of Creditor CAMPAIGN SERVICES & CONSULTING	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 4,889.38	\$ 4,889.38	\$ 0.00	\$ 0.00
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)			\$ 0.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 0.00
6. Purpose Codes (List detailed expenditure code in (g4.)			
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 (g5.)			

Contributions to be Reimbursed

Pg 1 of 1

Amendment
 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
FORWARD TOGETHER WINSTON-SALEM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
PIEDMONT CLUB INC 200 W SECOND ST WINSTON-SALEM, NC 27101		MIKE HORN 1125 FALLBROOK LANE LEWISVILLE, NC 27023	
a. Contribution Description	b. Date (m m/dd/yyyy)	c. Credit Card Y/N	d. Amount
EXPENSES FOR WATCH PARTY	11/30/2014	N	\$ 232.10
4. Total only this Page			\$ 232.10
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 232.10