

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
Yvonne J Johnson for City County At Large - Greensboro	58-1484818
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO Box 14654 Greensboro NC 27415	01/26/2007
	e. Phone Number
	(336) 375-6109

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	07/01/2006	12/31/2006	Marla Mills Spruill

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input checked="" type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name	b. Purpose	a. Financial Institution Full Name	b. Purpose
Wachovia	Checking for receipts and expenses		
c. Code	d. Period Begin Balance	c. Code	d. Period Begin Balance
1026	\$ 6512.27		\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Marla Mills Spruill Marla Mills Spruill 1/26/07
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____
 Date Postmarked: _____
 Date Scanned: _____

RECEIVED
 Employee: _____
 JAN 29 2007
 Employee: _____
GUILFORD COUNTY
BOARD of ELECTIONS

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Yvonne J. Johnson for City Council	Annual-Year End	58-1484818	
Start of Election Cycle: January 1, <u>2007</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 6912.27	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ /	\$	
6) Contributions from Individuals (CRO-1210)	\$ /	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$ /	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ /	\$	
9) Loan Proceeds (CRO-1410)	\$ /	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ /	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ /	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ /	\$	
11c) Outside Sources of Income (CRO-1250)	\$ /	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$ /	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ -0-	\$	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$	\$	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 400.00	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$ /	\$	
15) Loan Repayments (CRO-1420)	\$ /	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ /	\$	
17) In-Kind Contributions (CRO-1510)	\$ /	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 400.00	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 6512.27	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ /		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ /		
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	\$ /	\$	

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Vonne J Johnson for City Council At Large				58-1484818	
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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Alma Adams NC House of Representatives PO Box 21092 Greensboro NC 27420					
			c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
1026	CK #0787	Contribution	09/09/2006	\$ 400.00	
				\$	
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 Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
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 Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 400.00	
6. Total of ALL CRO-1310 Pages				\$ 400.00	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					



STATE BOARD OF ELECTIONS
6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer that has completed the mandatory treasurer training requirement. The State Board of Elections is required to provide this training. I have not completed this training but am signing this report with the understanding that I will complete treasurer training by the filing of the next regularly scheduled report for my committee, if the State Board of Elections is able to provide such training by all means described in N.C. Gen. Stat. 163-278.7(f).

If I make this certification knowing it to be untrue I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Marla Mills Spruill

Printed name of appointed treasurer

Marla Mills Spruill

Signature of appointed treasurer

1/26/07

Date

RECEIVED
JAN 29 2007
GUILFORD COUNTY
BOARD of ELECTIONS