

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		c. ID Number	
COMMITTEE TO ELECT DONNA REICHMANN		2UYCZ1	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
5707 KACEY MEADOWS DR. GREENSBORO NC 27410		10/29/07	
		e. Phone Number	
		336-323-1463	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	09/25/07	10/22/07	BOB TILYARD
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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth 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)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BANK OF AMERICA			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT	001		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 27.59		\$
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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).			
BOB TILYARD Printed Name of Signer		Bob Tilyard Signature of Appointed Treasurer	10/29/07 Date
FOR OFFICE USE ONLY			
Date Received: RECEIVED	Employee: _____	Delivery Method	
Date Postmarked: OCT 29 2007	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: GUILFORD COUNTY BOARD OF ELECTIONS	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input 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		2. ID Number	
Committee to Elect Donna Rieckman		Pre-Election		2 WYCZ1	
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 27.59		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 60.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 2170.00		\$	
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					
11a) Interest on Bank Accounts (CRO-1250)		\$ -		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ -		\$	
11c) Outside Sources of Income (CRO-1250)		\$ -		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 2230.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1476.19		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ -		\$	
14) Loan Repayments (CRO-1420)		\$ -		\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$ -		\$	
16) In-Kind Contributions (CRO-1510)		\$ -		\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1476.19		\$	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 781.40		\$	
ADDITIONAL INFORMATION					
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ -			
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 5447.70			
21) Debts and Obligations owed By the Committee (CRO-1610)		\$			
22) Debts and Obligations owed To the Committee (CRO-1620)		\$ -			
23) Account Transfers Within the Committee (CRO-1720)		\$ -			
24) Administrative Support (CRO-1710)		\$ -		\$	
25) Forgiven Loans (CRO-1440)		\$ -		\$	
26) 48-Hour Notice Reports Sum		\$ -		\$	

Outstanding Loans

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
Committee to Elect Donna Rieckman			24PCZ1
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
Donna Rieckmann 5707 Kasey Meadows Dr Greensboro NC 27410		Consultant	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Leadership Solutions	7/19/07
		f. End Date (mm/dd/yyyy)	-
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	-	\$ 5447.70	\$ 5447.70
k. Full Name of Lending Institution			l. Loan Number
Bank of America Account # 33000196			
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	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	j. Remaining Loan Balance
		%	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 5447.70
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$

Contributions from Individuals

Pg ____ of ____ Yes No **Amendment**

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	
COMMITTEE TO ELECT DONNA RIECHMANN						2UYCZ1	
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	
STETSON H. CLARK 201 REVERE DR. APT 13 GREENSBORO NC 27407				ADMINISTRATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				DELUXE CHECK PRINTING		\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	CHECK		09/30/07	\$ 30.00		
<input type="checkbox"/>	001	CHECK		10/5/07	\$ 40.00		
<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	
GEORGE L. PEABODY 700 NEW HAMPSHIRE AVE. NW WASHINGTON DC 20037				RETIRED			
				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"/>	001	CHECK		10/02/07	\$ 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	
Donna Riechmann 5707 Kacey Meadows Drive Greensboro NC 27410				Consultant			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Leadership Solutions		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Bank Transfer		10/02/07	\$ 2000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$2170.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$2170.00	

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	
COMMITTEE TO ELECT DONNA RIECHMANN						2UYCZ1	
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US POSTMASTER GUILFORD STATION GREENSBORO, NC							
				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:		\$ 1216.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	CHECK	I	10/01/07	\$ 1197.14	STAMPS		
				\$			
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	
COLE INFORMATION CITY DIRECTORY 901 WEST BOND LINCOLN NE 68521							
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	CHECK	O	10/09/07	\$ 279.05	GREENSBORO CITY DIRECTORY		
				\$			
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						\$ 1476.19	
6. Total of ALL CRO-1310 Pages						\$ 1476.19	
<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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							