

COPY

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

| | | | | | | | |
|---|---------------------------------------|-------------------------------------|---------------|---|--------------------------------|---|--|
| 1. Name of Committee or Fund | | | | 6. Date | | | |
| Committee to Elect John M. Davenport, Jr. for County Commissioner | | | | 7/25/2002 | | | |
| 2. Address | | | | 7. ID Number | | | |
| 3051 Butterfield Drive | | | | | | | |
| 3. City | | 4. State | 5. Zip | 8. Phone | | | |
| Winston-Salem | | NC | 27105 | (336) 744-5866 | | | |
| 9. Type of Report | | | | 10. Period Covered | | 11. Amendment | |
| Quarterly | | | | Start | 4/21/2002 | <input checked="" type="checkbox"/> Yes | |
| | | | | End | 6/30/2002 | <input type="checkbox"/> No | |
| 12. Type of Committee or Fund (Check one) | | | | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign | | <input type="checkbox"/> Party | | <input type="checkbox"/> Joint Fundraiser | | <input type="checkbox"/> "Booster Fund" | |
| <input type="checkbox"/> PAC | | <input type="checkbox"/> Referendum | | <input type="checkbox"/> Soft Money Account | | <input type="checkbox"/> Building Fund | |
| <input type="checkbox"/> Other Fund: _____ | | | | | | | |
| 13. Treasurer Name | | | | | | | |
| Phiphine Tart-Moore | | | | | | | |
| 14. Assistant Treasurer Name(s) | | | | | | | |
| Nia Ricks Davenport | | | | | | | |
| 15. Custodian of Books Name | | | | | | | |
| John Davenport, Jr. | | | | | | | |
| 16. Bank/Depository/Credit Account Information | | | | | | | |
| a. Name | b. Purpose | | | c. Code | d. Period Begin Balance | | |
| BB&T | campaign contributions & expenditures | | | 00457742000 | \$ 491.25 | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |

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.


Signature of Appointed Treasurer or Candidate

7/26/2002
Date

Detailed Summary

| 1. Name of Committee or Fund | | 2. Type of Report | 3. ID Number |
|---|------------|-------------------|---------------------------|
| Comm to Elect John Davenport for County Commissioner | | quarterly | |
| Start of Election Cycle: January 1, 20 <u>02</u> | | Total this Period | Total this Election Cycle |
| 4) Cash on Hand at Start of Election Cycle | | | \$ 150.99 |
| 5) Cash on Hand at Start of Present Reporting Period | | \$ 491.25 | |
| RECEIPTS | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2,225.00 | \$ 2,675.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 200.00 |
| 10) Refunds and Reimbursements TO the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | (CRO-1250) | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 12) "Goods and Services" Contributions | (CRO-1260) | \$ 0.00 | \$ 0.00 |
| 13) Contributions based on Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 14) 48-Hour Notice Reports Sum | | \$ 0.00 | \$ 0.00 |
| 15) TOTAL RECEIPTS | | \$ 2,225.00 | \$ 2,875.00 |
| (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14) | | | |
| EXPENDITURES | | | |
| 16) Disbursements | (CRO-1310) | | |
| 16a) Operating Expenditures | (CRO-1310) | \$ 1,100.38 | \$ 1,310.12 |
| 16b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 100.00 | \$ 100.00 |
| 16c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 17) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 100.00 |
| 18) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 19) Refunds and Reimbursements FROM the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 20) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 0.00 |
| 21) TOTAL EXPENDITURES | | \$ 1,200.38 | \$ 1,510.12 |
| (Add lines 16a, 16b, 16c, 17, 18, 19, and 20) | | | |
| 22) Cash on Hand at End of Reporting Period | | \$ 1,515.87 | \$ 1,515.87 |
| (For this Period, add lines 5 and 15 together, then subtract line 21) | | | |
| (For this Election Cycle, add lines 4 and 15 together, then subtract line 21) | | | |
| Additional Information | | | |
| 23) Non-Monetary Gifts Given to Committees | (CRO-1330) | \$ 0.00 | |
| 24) Outstanding Loans (including ones from other campaigns) | (CRO-1430) | \$ 200.00 | |
| 25) Debts and Obligations owed BY the Committee | (CRO-1610) | \$ 0.00 | |
| 26) Debts and Obligations owed TO the Committee | (CRO-1620) | \$ 0.00 | |
| 27) Parent Entity's Administrative Support | (CRO-1710) | \$ 0.00 | |
| 28) Account Transfers | (CRO-1720) | \$ 0.00 | |

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
|---|---|--|--------------------|----------------------|-------------------------------|--------------------------|-------------|--|
| Committee to Elect John M. Davenport, Jr. for County Commissioner | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | Rodney Ashby 3105 Big Oaks Dr. Tobaccoville, NC 27050 | | Check | 4/30/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00 | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| Businessman | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 1,000.00 | | | |
| c. Employer's Name/Specific Field | | | | | | | | |
| Equipment Mfr | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | John J. Funny 517 Watson Bay Tr. Stone Mtn, GA 30087 | same | Check | 4/30/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| Businessman | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 500.00 | | | |
| c. Employer's Name/Specific Field | | | | | | | | |
| Engineering | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | Pete Brunstetter 3641 Will Scarlet Rd. Winston-Salem, NC 27104 | same | Check | 5/14/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00 | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| Businessman | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 250.00 | | | |
| c. Employer's Name/Specific Field | | | | | | | | |
| Business | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | Aggregated individual contribution | same | Check | 6/30/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 75.00 | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ 75.00 | | | |
| c. Employer's Name/Specific Field | | | | | | | | |
| | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | \$ | | | |
| c. Employer's Name/Specific Field | | | | | | | | |
| | | | | | | | | |
| 4. Total only this Page | | | | | | | \$ 1,825.00 | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ 2,225.00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | |

CRO-1210

NC State Board of Elections

February 2002

Contributions from INDIVIDUALS

Page ____ of ____

| 1. Name of Committee or Fund | | | | 2. ID Number | | | |
|---|---|------------------------|-------------------------------|----------------------|--------------------------|--------------------------|-----------|
| Committee to Elect John M. Davenport, Jr. for County Commissioner | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | Patrick D. Hennigan 132 Greenhill Ln. Mooresville, NC 28117 | same | Check | 4/4/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| b. Job Title/Profession | | | | | | | |
| Businessman | | | | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | |
| Business | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete | | \$ | | 100.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | Don Angell PO Box 1670 Clemmons, NC 27012 | same | Check | 4/4/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| b. Job Title/Profession | | | | | | | |
| Property Developer | | | | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | |
| Real Estate | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Delete | | \$ | | 300.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | Michael L. Suggs 1620 Loughborough Ct. Kernersville, NC 27284 | same | Check | 4/25/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| b. Job Title/Profession | | | | | | | |
| Businessman | | | | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | |
| RJR Tobacco Co. | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | | 100.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | Ken Raymond PO Box 17137 Winston-Salem, NC 27116 | same | Check | 4/25/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| b. Job Title/Profession | | | | | | | |
| administrator | | | | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | |
| Winston-Salem Police Dept. | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | | 100.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount |
| | Margaret Foster 2127 Walker Rd. Winston-Salem, NC 27106 | same | Check | 4/25/2002 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | | | Check | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| b. Job Title/Profession | | | | | | | |
| Businessman | | | | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | |
| Business | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | | 200.00 | | |
| 4. Total only this Page | | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | \$ | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

Disbursements

Page 1 of 2

| | | | | | | | |
|--|--|---|---------------------------|---|---------------------------|---|------------------|
| 1. Name of Committee or Fund Committee to Elect John M. Davenport, Jr. for County Commissioner | | | | | | 2. ID Number | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | Aggregated Nonmedia Expenditure | | | | Check | 6/30/2002 | \$ 195.83 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | AC Phoenix Winston-Salem, NC | | political advertisement | same | Check | 4/23/2002 | \$ 150.00 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ 150.00 | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | Ken Raymond Winston-Salem, NC | | registration for training | same | Check | 4/26/2002 | \$ 200.00 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ 200.00 | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | The Positive Influence Winston-Salem, NC | | political consultant | same | Check | 6/15/2002 | \$ 424.71 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ 424.71 | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | Goler AME Zion Winston-Salem, NC | | banquet ticket | same | Check | 4/28/2002 | \$ 50.00 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | j. Election Cycle Sum To Date \$ 50.00 | |
| 5. Total only this Page | | | | | | \$ 1,020.54 | |
| 6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i> | | | | | | \$ | |
| <i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |

CRO-1310

NC State Board of Elections

June 2002

Disbursements

Page 2 of 2

| | | | | | | | |
|---|---|---|---------------------------|--|-----------------------|-------------------------------|-----------|
| 1. Name of Committee or Fund | | | | | | 2. ID Number | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i> | | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | S&K Clothing Winston-Salem, NC | | attire for campaign event | | Check | 4/30/2002 | \$ 79.84 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 79.84 | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 5. Total only this Page | | | | | | \$ 79.84 | |
| 6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i> | | | | | | \$ 1,100.38 | |
| <i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |

CRO-1310

NC State Board of Elections

June 2002

Disbursements

Page ____ of ____

| | | | | | | | |
|---|--|--|----------------------------|--|---------------------------|--------------------------------------|------------------|
| 1. Name of Committee or Fund | | | | | | 2. ID Number | |
| Committee to Elect John Davenport Jr. County Commissioner | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i> | | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | Forsyth County Republican Party Winston-Salem, NC | | fundraising banquet ticket | | Check | 4/28/2002 | \$ 100.00 |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 100.00 | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| | | | | | Check | | \$ |
| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
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| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
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| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
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| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | | | | | Check | | \$ |
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| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
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| b. If Contribution to County Committee, specify: | | c. If Coordinated Party Exp, list Cand/Comm: | | i. If Amendment, choose change type: | | j. Election Cycle Sum To Date | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ | |
| 5. Total only this Page | | | | | | \$ 100.00 | |
| 6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i> | | | | | | | |
| <i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |

CRO-1310

NC State Board of Elections

June 2002