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City		4. State	5. Zip		8. Phone	
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NC State Board of Elections 1. Co. Co. Co.

February 2002

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September 1997

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etailed Summary Name of Committee or Fund OARO OF ELECTION	Type of Re	port	3. ID Numb	er
WACCEF FOR NCHOUSE COME	Quant	<u>au</u>	Total this	For Office
Start of Election Cycle: January 1, 2002 4) Cash on Hand at Start of Election Cycle		Total this Period	Election Cycle	Use Only
4) Cash on Hand at Start of Election Cycle			s (3)	
5) Cash on Hand at Start of Present Reporting Period		\$ <u>\</u>		
RECEIPTS			5 2 206	
6) Contributions from Individuals		\$ 2875.00		
7) Contributions from Political Party Committees	(CRO-1220)		\$	
8) Contributions from Other Political Committees	(CRO-1230)		s	-
9) Loan Proceeds	(CRO-1410)	 	s	-
10) Refunds & Reimbursements to Committee	(CRO-1240)		3	
11) Other Receipt Sources	(CRO-1250)		\$ ~	
11a) Interest on Bank Accounts	(CRO-1250)	 	s	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)			
11c) Outside Sources of Income	(CRO-1250)	\$4775.00	131400.00	'
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$4775.0	4775.0	0
EXPENDITURES (1.5.). TO THE PROPERTY OF THE P				
13) Disbursements	(CRO-1310			
13a) Operating Expenditures	(CRO-131	0 \$ 1522,2	i i	3
13b) Contributions to Candidates/Political Committees	(CRO-131	<i>o</i>)	\$	
13c) Coordinated Party Expenditures	(CRO-131	_	\$	_
14) Loan Repayments	(CRO-142	90) \$	\$	
15) Refunds from Committee	(CRO-132	20) \$	<u> </u>	
16) In-Kind Contributions	(CRO-15)	10) \$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$/522.2	3 \$/522.2	.3
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 1	7)	s 3252.7	7 \$3252.7	77
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-13			
20) Outstanding Loans (including ones from other campaig	ns) <i>(CRO-14</i>			
21) Debts and Obligations owed BY the Committee	(CRO-1			
22) Debts and Obligations owed TO the Committee	(CRO-1			
23) Parent Entity's Administrative Support	(CRO-1	710) \$		

Contributions from INDIVIDUALS 2. ID Number 1. Name of Committee or Fund COMM NOGEE FOR NCHOUSE h. Prior i. Amount g. Inf. Date e. Form of Report a. Full Name, Mailing Address & Phone Kind (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) 3-2-02 A-NCH aggregated Individual S \$ k. Election Cycle Sum to Date b. Job Title/Profession j. If Amendment, choose change type: c. Employer's Name/Specific Field i. Amount h. Prior f. Date e. Form of d. Account Report Kind a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Number/Code 00 aggregated Individual (include city, state, & zip) Check 3-7-02 A-NCH contribution k. Election Cycle Sum to Date b. Job Title/Profession j. If Amendment, choose change type: c. Employer's Name/Specific Field Delete i. Amount h. Prior f. Date e. Form of d. Account Report Kind a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code /00 (include city, state, & zip) regaregated Individual 3-77-02 A-NCH S contribution \$ k. Election Cycle Sum to Date b. Job Title/Profession . If Amendment, choose change type: c. Employer's Name/Specific Field Delete i. Amount f. Date d. Account Kind Report a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code \$ 100 aggregated Individual contribution る・コフ・ロブ A-Not \Box П k. Election Cycle Sum to Date b. Job Title/Profession . If Amendment, choose change type: c. Employer's Name/Specific Field Delete i. Amount h. Prior Add f. Date e. Form of d. Account Kind Report (mm/dd/yyyy) a. Full Name, Mailing Address & Phone Payment Number/Code 100 aggregated Andividual continbution (include city, state, & zip) 3-30-02 A-NCH k. Election Cycle Sum to Date b. Job Title/Profession j. If Amendment, choose change type: c. Employer's Name/Specific Field Delete 5425 4. Total only this Page (only show on last page) 5. Total of ALL CRO-1210 Pages

Contributions from INDIVIDUALS 2. ID Number 1. Name of Committee or Fund GEE FORNC HOUSE COMM i. Amount h. Prior f. Date g. Ine. Form of Full Name, Mailing Address & Phone d. Account Kind Report (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) \$ 100 aggregated Individual A-NCH contribution \$ \$ b. Job Title/Profession k. Election Cycle Sum to Date . If Amendment, choose change type: c. Employer's Name/Specific Field __ Delete i. Amount h. Prior f. Date e. Form of d. Account Report Kind a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code 00 (include city, state, & zip) aggregated Indicident A-NCH \Box contribution \$ b. Job Title/Profession k. Election Cycle Sum to Date . If Amendment, choose change type: c. Employer's Name/Specific Field Delete TAdd h. Prior i. Amount f. Date e. Form of d. Account a. Full Name, Mailing Address & Phone Report Kind (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) \$ 힏 S S b. Job Title/Profession k. Election Cycle Sum to Date . If Amendment, choose change type: c. Employer's Name/Specific Field Delete Add i. Amount h. Prior g. Inf. Date d. Account Report a. Full Name, Mailing Address & Phone Kind (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) S \$ b. Job Title/Profession k. Election Cycle Sum to Date . If Amendment, choose change type: c. Employer's Name/Specific Field Delete h. Prior i. Amount Add g. Inf. Date e. Form of d. Account a. Full Name, Mailing Address & Phone Report Kind (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) \$ Contributor \$ b. Job Title/Profession k. Election Cycle Sum to Date . If Amendment, choose change type: c. Employer's Name/Specific Field Delete 200 4. Total only this Page (only show on last page) 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) February 2002 Contributions from INDIVIDUALS 2. ID Number 1. Name of Committee or Fund FUND NCHOUSE i. Amount g. Inh. Prior McGee. f. Date e. Form of d. Account a. Full Name, Mailieg Address & Phone include city, state, & zip) Report Kind (mm/dd/yyyy) Payment Number/Code A-NCH Check Gerald H. Long 7651 LASATERAS Clemmons NC 27012 336-945-5558 S b. Job Title/Profession k, Election Cycle Sum to Date OWNERINGR . If Amendment, choose change type: c. Employer's Name/Specific Field 250 Delete ∃Add LAREYNOIDS LO i. Amount 551 h. Prior g. Inf. Date e. Form of d. Account a. Full Name, Mailing Address & Phone Kind Report (mm/dd/yyyy) Payment Number/Code 500 (include city, state, & zip) 3/18/02 Don G Augell Po Box 1670 A-NCF \$ Clemmons Nc 27012 \$ 336-761-0302 b. Job Title/Profession c. Election Cycle Sum to Date CUNER/Develope c. Employer's Name/Specific Field . If Amendment, choose change type: 500 Add i. Amount 721 Angell GROUP f. Date a. Full Name, Mailing Address & Phone d. Account Kind Report (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) 50 Robert G. Stebbins 3/13/02 NCH 106 Hilary Court Lewisville NC 27023 S \$ 336-945-3409 Job Title/Profession k. Election Cycle Sum to Date Retired If Amendment, choose change type: c. Employer's Name/Specific Field 150 Delete Add i. Amount g. laf. Date e. Form of d. Account a. Full Name, Mailing Address & Phone Report Kind (mm/dd/yyyy) Payment Number/Code (include city, state, & zip) A-NCH JAMES T. Broyhill \$ 1930 VinginiA RJ Winston - Statem NCOTIOT Contributor S 336 - 727 - 1396 b. Job Title/Profession S k. Election Cycle Sum to Date c. Employer's Name/Specific Field i. If Amendment, choose change type: Delete Add i. Amount L. Prior g. Inf. Date e. Form of d. Account a. Full Name, Mailing Address & Phone Report Kind (mm/dd/yyyy) **Payment** Number/Code (include city, state, & zip) § 200 U-802 JAMES A. HAYES, DA -NCH Check S 7712 LOW ONK RJ clemmons NC 27012 \$ 336-766-4096 b. Job Title/Profession k. Election Cycle Sum to Date CONER/MGR c. Employer's Name/Specific Field . If Amendment, choose change type: 200 S Delete 551 G-LUBE 350 \$ 1 4. Total only this Page

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Page ___of___ Disbursements 2. ID Number 1. Name of Committee or Fund COMM 1CHOUSE mc Gee (Please use separate CRO-1330 forms for each type of Disbursements.) . Type of Disbursemen Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses V h. Amount e. Account f. Form of a. Full Name, Mailing Address & Phone d. Purpose (mm/dd/yyyy) Number/Code Payment (include city, state, and zip) McCerfultous **\$** 197.03 Bill Garrabrant 4-1-02 chell -NCH Stickers 837 LassiteR PLACE 12igh NC 27609 919-782-4474 c. If Coordinated Party Election Cycle Sam To Date i. If Amendment, choose change type: County Committee, specify: Expense, list office: 197.03 Delete _ Add g. Date h. Amount e. Account f. Form of d. Purpose a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Number/Code Payment (include city, state, and zip) CHUZTATION 4-10-02/5270.51 SUN PRENTANG CO NCH Chack Power/mchee 6-5- POBOX 10717 WINSTON STALEM NC 27/08 336-725-359<u>3</u> c. If Coordinated Party b. If Contribution to **Election Cycle Sum To Date** . If Amendment, choose change type: County Committee, specify: Expense, list office: 270.51 Delete Add h. Amount g. Date e. Account f. Form of d. Purpose a. Full Name, Mailing Address & Phone Number/Code (mm/dd/yyyy) **Payment** (include city, state, and zip) とというないはころは CREATIVE DESIGN CO. \$ 62.50 Check - NCH 6025 Holden Rd 2 Ayout Clemmons NC 27012 336-712-0473 S c. If Coordinated Party b. If Contribution to . Election Cycle Sum To Date i. If Amendment, choose change type: County Committee, specify: Expense, list office: 62.50 Delete __ Add g. Date e. Account f. Form of a. Full Name, Mailing Address & Phone d. Purpose Number/Code **Payment** (mm/dd/yyyy) (include city, state, and zip) Aebecca Nordlander mail out \$ 75.00 4-10-02 check -NCH calling (Lists 29/ Brookdale Un Winston - Salem Ne 27107 336-769-0284 c. If Coordinated Party b. If Contribution to . Election Cycle Sum To Date i. If Amendment, choose change type: County Committee, specify: Expense, list office: 75.00 Delete _l Add h. Amount g. Date e. Account f. Form of d. Purpose a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Number/Code **Payment** (include city, state, and zip) 34.00 Stamps Clemnons Mazzoi L -NCH 4. Payee 336-766-6671

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Page 2 of 2

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Other Receipt Sources 2. ID Number 1. Name of Committee or Fund Comm c (ree (Please use separate CRO-1250 forms for each type of Receipt Source.) Type of Receipt Source () Outside Sources of Income Contributions from Not-for-Profit Organizations Interest d. Date e. Amount c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) garegated goods services owell/Mcbee Event NC 22012 h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: . If Outside Source of Income, explain: Delete Add POWELL / MCGER EVENT e. Amount d. Date c. Form of b. Account a. Full Name, Mailing Address & Phone Payment (mm/dd/yyyy) Number/Code (include city, state, and zip) 4. Contributor \$ S h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add e. Amount d. Date c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) \$ Contributor \$ h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add d. Date e. Amount c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) S Contributor \$ h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add e. Amount d. Date c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) Contributor S h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add 900 5. Total only this Page (only show on last page) 6. Total of ALL CRO-1250 Related Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)