

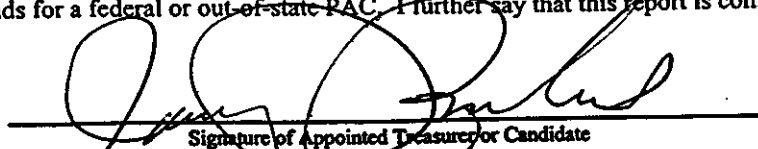
Disclosure Report Cover Sheet

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	
Forsyth County Democrat Mens Club					2/10/02	
2. Address					7. ID Number	
224 TOWN RUN LANE					725-5202	
3. City		4. State	5. Zip	8. Phone		
Winston-Salem		N.C.	27101			
9. Type of Report				10. Period Covered		11. Amendment
2002 Mid Year Semi-Annual Report				Start	9/20/02	<input type="checkbox"/> Yes
				End	6/30/02	<input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)						
<input 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						
Dr. David Branch 224 Town Run Lane WS 27101						
14. Assistant Treasurer Name(s)						
Robert F. Joyce P.O. Box 21089 W.S. 27101						
15. Custodian of Books Name						
Dr. David Branch 224 Town Run Lane W.S. 27101						
16. Bank/Depository/Credit Account Information						
a. Name	b. Purpose	c. Code	d. Period Begin Balance			
First Citizens Bank	Assist Party Expense	XXXXXX	\$ 7397.82			
			\$			
			\$			
			\$			
			\$			
			\$			

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

2/10/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Forsyth County Democrat				XXXXXXXXXX	
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$		
5) Cash on Hand at Start of Present Reporting Period		\$ 7397.82			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 1,2350.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS		\$ 800.00	\$ 1,2350.00		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 1485.00	\$ 5637.18		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
15) Refunds from Committee	(CRO-1320)	\$ 0	\$ 0		
16) In-Kind Contributions	(CRO-1510)	\$ 0	\$		
17) TOTAL EXPENDITURES		\$ 1485.00	\$ 0		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$ 6712.82	\$ 6712.82		
(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 17)					
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 0			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$ 0			

Contributions from INDIVIDUALS

Page 1 of 2

1. Name of Committee or Fund				2. ID Number			
Forsyth County Democrat Mens Club				000000 000000			
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
	Richard W. Williams 1678 Quailmark Rd W-S. 27127	000000	Check	5/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
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
	Wesley P. Hatfield 2649 Club Park Rd. W-S. 27104	000000	Check	5/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
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
	Paul Sinal 708 Austin Ln. W-S. 27108	000000	Check	5/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
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 Garrou P.O. Drawer 84 W-S. 27102	000000	Check	5/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
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
	Joseph Coltrane, Jr. 6001 Knightsbridge Ct KERNERSVILLE, N.C. 27284	000000	Check	5/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
Total only this Page							\$500.00
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)							\$

Contributions from INDIVIDUALS

Page 2 of 2

1. Name of Committee or Fund				2. ID Number			
Dorseth County Democrat Mens Club				0000000000			
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
	George Cleland	0000000000	Check	5/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
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
	Jimmy Barnhill P.O. Drawer 84 BBIT Financial Center W.S. 27102	0000000000	Check	5/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
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
	LAVERNE SPEARS 8416 GERMANTOWN Rd. Rora Hall, W.S. 27045	0000000000	Check	5/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$			
Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 800.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

Page 1 of 1

1. Name of Committee or Fund Forsyth County Democrat Mens Club						2. ID Number 616120000000	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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
	Mike Horn 315 N. Spruce St Winston-Salem, N.C. 27120		Handwritten RENT	000000	Check	5/3/02	\$ 75.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 4670.81
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
	Richard B. Pfifer Sr. 127 S. Cherry St Winston-Salem, N.C. 27101		Catering Breakfast	000000	Check	5/26/02	\$ 25.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$ 25.00
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
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		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
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$
5. Total only this Page						\$ 1485.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1485.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

In-Kind Contributions

Page 1 of 1

1. Name of Committee or Fund		2. ID Number	
Forsyth County Democrat Mens Club		[Signature]	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
	W/O		e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
4. Total only this Page			\$
5. Total of ALL CRO-1510 Pages (only show on last page)			\$
(This line must be on line 16 of Detailed Summary Page CRO-1100)			

Outstanding Loans

Page 1 of 1

1. Name of Committee or Fund			2. ID Number	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip) N/A			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
			d. Interest Rate %	h. Original Loan Amount \$
			e. Job Title/Profession	i. Loan Balance \$
			f. Employer's Name/Specific Field	
			g. Security Pledged	
			j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
4. Total only this Page				\$
5. Total of ALL CRO-1430 Pages (only show on last page)				\$
(This line must be on line 20 of Detailed Summary Page CRO-1100)				

Loan Repayments

Page 1 of 1

1. Name of Committee or Fund			2. ID Number	
Forsyth County Democrat Mens Club			[Signature]	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
	N/A	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Total only this Page				\$
5. Total of ALL CRO-1420 Pages (only show on last page)				\$
(This line must be on line 14 of Detailed Summary Page CRO-1100)				

Loan Proceeds

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Forsyth County Democrat Mens Club				XXXXXXXXXX	
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	N/A	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
3. Lender	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
		k. Amount \$			
4. Total only this Page					\$
5. Total of ALL CRO-1410 Pages (only show on last page) (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$

Contributions from OTHER POLITICAL COMMITTEES

Page 1 of 1

1. Name of Committee or Fund						2. ID Number	
Forsyth County Democrat Mens Club						XXXXXXXXXX	
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
	N/A				<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$			
4. Total only this Page						\$	
5. Total of ALL CRO-1230 Pages (only show on last page)						\$	

CRO-1230

NC State Board of Elections

February 2002