## Disclosure Report Cover

Amendment	
Yes	No

			lan arrand com	mittee information	such as the	committee address, treasurer,		
Please note that	this cover s	sheet cannot be	custodian of books	information, or acc	ount inform	committee address, treasurer, ation.		
	assi	stant treasurer,	Custoutan or cooks	1004_F) to make 1	hose kinds (	of committee changes.		
You mus	t amend the	Statement of C	organization (CRO-2 ndum form (CRO-10	010) if more entries	s are needed			
		Ose the Adde	HOURIT TOTAL (C.13					
. Committee II	nformation					c. ID Number		
Full Name					.,	1		
1	ر دست س	Ammin	TA DOCCO	in Walker	Hour			
LILLEN	15 FOR	COVIIIV	ED Peace	111 00001 22	70	d. Date Filed		
Mailing Address	s fincinae City	, State and Dip or						
	Da 10	v 573	1 NO 2705	. ,				
	10 200	- main	1 NO 2705	1		e. Phone Number		
	WALK	ERIOUN				ì		
	la m A Co	art Date (mm/dd/y	vvv) 4. Period End	Date (mm/dd/yyyy)	5. Treasurer	Full Name		
. Report Year	3. Period Sta	irt Date (mmaa)	3337		İ	1		
					<u></u>			
	ttee (Check	one)	8. Type of Report	(check only one ty		om one category)		
. Type of Commi		Party	Municipal	State/County		Referendum		
Candidate Ca	_	PAC	Organizational	Organiz		Organizational Pre-geferendum		
Joint Fundrais	) L	···~ .	Thirty-five day	Quarter		Final		
Referendum	(if ann	licable, check one)	Pre-primary		st Plus	Supplemental Final		
7. Type of Fund Soft Money			Pre-election	٠ لــاا	cond	Annual		
Booster Fun			Pre-runoff		ird Plus	Special		
Building Fun			Semi-annual	[ <u>.</u>	urth	Special		
Dunding run	o Party Financin	g Fund	Mid Yea	1		9. Special Report Name		
Precidential	Flection Year (	Candidates Fund	Year End	··· النا	id Year ear End	7. Opecan stop		
NC Public C	ampaign Finan	cing Fund	Final	1111	sar cna			
Other	AT CAL	INDOTE	Special	Final Special		1		
M4// A	nt FX F	DIDATE ENDITURI	5	10. Account Info				
10. Account I	nformatión	l .		a. Financial Instituti	on Full Name			
a. Financial Insti	itution Full Na	ame		a. Financial instituti	<u></u>			
		<del></del> .						
				b. Purpose		c, Code		
b. Purpose		c. Code		O. I di post				
	<del></del> ·	l						
		<b></b>		-1		d. Period Begin Balance		
ł		d. Perio	d Begin Balance			S		
٠.		s						
CERTIFICA	TION					Alexano finds are commingled		
Tti-G, the	t the Comm	ittee is in comp	liance with all provi	isions of Article 22	A, including	that no funds are commingled e and correct.		
i certify tha	tor a fadara!	or out-of-state	liance with all provi PAC. I further say	that this report is c	omplete, tru	e and correct.		
with funds	TOL ST TECHETS	CT OUT OF DIREC	·	1/1/10		11/2/2-		
<b>I</b>	- /	ه مدسده مید .	9	MAKETIT	hour	) 11/5/03		
10	m 20	UTHERN me of Signer	<del> </del>	Signature of Appointed	Treasurer	Date		
	Printed Nat	me of Signer				والمناور		
		77.37						
FOR OFFICE USE ONLY  Delivery Method								
Date Received: 11-7-0-3 Employee: Normal Mail								
Date Re	VVI1 V4.		_	. V U	0.4	Registered Mail		
Dota Do	stmarked:	11-6-1	03 Emp	loyee:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Hand Delivered		
Date Fo	Pillin von.					Electronically Filed		
Date Sc	anned:		Emp	loyee:		1 200		
Date 30			NC State	Board of Elections		March 20		
			. 17C CHIW !					

. Committee Full Name (and Fund if applicable)	2. Type of Repo	ort	2. ID N	umber	7
	estre . / /				
CITIZENS FOR Continued Hour IN MALK Start of Election Cycle: January 1, 2002	BYUUN	Total Reportin		Total this Election Cycle	
Start of Elovation	<u> </u>	S C I	- 50	655.00	7
4) Cash on Hand at Start					
RECEIPTS	(CRO-1205)	S.	***	\$	7
5) Aggregated Contributions from Individuals	·			\$	1
6) Contributions from Individuals	(CRO-1210)	\$		<u>s</u>	1
7) Contributions from Political Party Committees	(CRO-1220)	\$ =		,	-1
8) Contributions from Other Political Committees	(CRO-1230)	<u>s</u>		\$	-
9) Loan Proceeds	(CRO-1410)	<u> </u>		\$	[
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ -		\$	
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$		<u>\$</u>	_
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	_
And the second of the second o	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1260)	\$		\$	_
12) "Goods and Services" Contributions		s		S	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		3			
EXPENDITURES					
14) Disbursements	(CRO-1310)		6-4D	1000	
14a) Operating Expenditures	(CRO-1310)	\$ 6	55.00	s 655.0	
14b) Contributions to Candidates/Political Committee	s (CRO-1310)	S		\$	
14c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
	(CRO-1420)	S		\$	
15) Loan Repayments	(CRO-1320)	S		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1510)			\$	
17) In-Kind Contributions	(000		c 00	·s 655.	00
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ (	655.00	037	
19) Cash on Hand at End		\$	$\circ$	s O	
(Add lines 4 and 13 together, then subtract line 18)					
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330				
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-143	<del></del>			
22) Debts and Obligations owed By the Committee	(CRO-161	0) \$			
23) Debts and Obligations owed To the Committee	(CRO-162	0) \$			
24) Account Transfers Within the Committee	(CRO-172	0) \$			
25) Administrative Support	(CRO-171	0) \$		\$	
26) Forgiven Loans	(CRO-144	(0) \$		\$	
20 48 Hour Notice Reports Sum		\$		\$ Yar	ch 20
27) 48-110th Notice 10pe	Board of Election	ons		Mar	ųli 4V

Second Code   Comment						Αn	nendment
Committee Fall Name (and Fand if applicable)    Committee Fall Name (and Fand if applicable)   Committee	Nahoream <i>(</i>	ante		Pg	of	_ ,⊏	Yes No
Type of Disbursement   Cheese use sequence CRO_1310 forms for each tree of Disbursement_					2.	ID N	umber
Type of Disbursement   Please as esparate ( Not 150 Date							
Type of Disbursement   Please we separate ( Not 150 James   Coordinated Party Expenditures	CITIZENS 1	Be Continued Pea	ce in WALKER	TOWN J	ursement.)		
Payee Information   Add   Remove	. Type of Disbu	ursement (Please use sept	parate <u>CKU-1310 Jurins 18</u>	Of Cuck type -	Coordinated	Party	Expenditures
Payee Information					iove		
Full Name, Mailing Address & Phone (include city, state, & zip)  Account Code   Form of Payment   L. Purpose   L. Date (mm/dd/yyyy)   L. Amount    L. Account Code   Form of Payment   L. Purpose   L. Date (mm/dd/yyyy)   L. Amount    L. Account Code   Form of Payment   L. Purpose   L. Date (mm/dd/yyyy)   L. Amount    L. Payee Information   Add   Remove    L. Account Code   Form of Payment   L. Purpose   L. Date (mm/dd/yyyy)   L. Amount    L. Account Code   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Coordinated Committee Name   L. Date (mm/dd/yyyy)   L. Amount    L. Date (mm/dd/yyyyy)   L. Amount    L.	. Payee Inform	ation		1100		. Com	ments
C. Level Registered (Specify)   Federal   County   Comments						_	
Rederal   County:   Coun							1
Account Code   S. Form of Payment   L. Purpose   L. Date (mm/dd/yyyy)   L. Amount							
Account Code g. Form of Payment h. Purpose i. Date (num/dd/yyyy) j. Amount    Add   Remove						. Elec	tion Cycle Sum to Date
Account Code g. Form of Payment h. Purpose l. Date (mm/dd/yyyy) J. Amount    Add   Remove	WIN	STON-SALEM,	NC 27/07	Jean			
### Account Code   Form of Payment   In Purpose   Add   Remove	₩ -						
Check  Prepare and Mail-DDT    Add   Remove		T. e of Peyment	lh. Purpose		ļ <u>-</u>	<u>)  i.</u>	
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County:  State Municipality:  c. Lipate (mm/dd/yyyy)  Add Remove  s. Account Code g. Form of Payment h. Purpose  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  S  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County:  C. Level Registered (Specify)  Federal County:  S  6. Account Code g. Form of Payment h. Purpose  L. Date (mm/dd/yyyy)  J. Amount  S  6. Account Code g. Form of Payment h. Purpose  L. Date (mm/dd/yyyy)  J. Amount  S  S  S  S  S  S  S  S  S  S  S  S  S	Account Coue	16· 10· 11· 1	Prepare a	nd Mail-007	9/30/03	;	s 655.50
4. Payee Information  Full Name, Mailing Address & Phone (include city, state, & zip)    C. Level Registered (Specify)   C. Le		Check					\$
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)    Federal   County:   State   Municipality:  c. Election Cycle Sum to Date  \$  L. Account Code   g. Form of Payment   h. Purpose   i. Date (mm/dd/yyyy)   j. Amount    4. Payee Information   D. Coordinated Committee Name   d. Comments    4. Payee Information   D. Coordinated Committee Name   d. Comments    4. Payee Information   D. Coordinated Committee Name   d. Comments    5. C. Level Registered (Specify)   Federal   County:   Federal   County:   Federal   County:     Federal   County:   E. Election Cycle Sum to Date    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j. Amount    6. Account Code   g. Form of Payment   h. Purpose   l. Date (mm/dd/yyyy)   j.		<u> </u>		Add Rer	nove		
c. Level Registered (Specify)    Federal	4. Payee Inform	nation & Phone			ammittee Name	d. Cor	nments
c. Level Registered (Specify)  Federal County: State Municipality:  c. Election Cycle Sum to Date  \$  L. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount  \$  4. Payee Information  L. Add Remove  Add Remove  C. Level Registered (Specify)  S  L. Date (mm/dd/yyyy) j. Amount  Comments  C. Level Registered (Specify)  S  C. Date (mm/dd/yyyy) j. Amount  C. Level Registered (Specify)  Federal County: Federal C							
Federal   County:   e. Election Cycle Sum to Date	(include city, ste	(C, & 214)		1		ı	
State   Municipality: e. Election Cycle Sum to Date   S	1					I	
E. Account Code    E. Form of Payment   h. Purpose   i. Date (mm/dd/yyyy)   j. Amount	ı			11=	Municipality:	e. Elc	ction Cycle Sum to Date
I. Account Code    Some of Payment   Land	1			<u> </u>			
f. Account Code g. Form of Payment h. Purpose \$  4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Federal County:  State Municipality: e. Election Cycle Sum to Date  \$  6. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	1		_			<u> </u>	
A. Payee Information  4. Payee Information  5. S  4. Payee Information  6. Full Name, Mailing Address & Phone (include city, state, & zip)  6. Level Registered (Specify)  6. Level Registered (Specify)  7. State  8. Municipality:  8. Election Cycle Sum to Date  8. S  1. Date (mm/dd/yyyy)  1. Amount  8. S  1. S	Code	a Form of Payment	h. Purpose		i. Date (mm/dd/yyy	<u>y)</u>	. Amount
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Coordinated Committee Name  b. Coordinated Committee Name  c. Level Registered (Specify)  Federal County:  State Municipality:  c. Election Cycle Sum to Date  \$  f. Account Code g. Form of Payment h. Purpose  f. Account Code g. Form of Payment h. Purpose  s.	i. Account Cour	g. I'v see					\$
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Fedecal County: State Municipality:  c. Election Cycle Sum to Date  f. Account Code g. Form of Payment h. Purpose  i. Date (mm/dd/yyyy)  S  S  S  S	<b></b>	+				1	\$
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered (Specify)  Fedecal County: State Municipality:  c. Election Cycle Sum to Date  f. Account Code g. Form of Payment h. Purpose  i. Date (mm/dd/yyyy)  S  S  S  S	<b>I</b>			7 Add Re	emove		
a. Full Name, Mailing Address & Prione (include city, state, & zip)  c. Level Registered (Specify)  Federal County: State Municipality:  c. Election Cycle Sum to Date  S  f. Account Code g. Form of Payment h. Purpose  s  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	4. Payee Infor	mation				d. C	omments
c. Level Registered (Specify)  Federal County:  State Municipality: e. Election Cycle Sum to Date  S  f. Account Code g. Form of Payment h. Purpose  i. Date (mm/dd/yyyy) j. Amount  \$ \$ \$ \$ \$	a. Full Name, Ma	illing Address & Phone		-	,		,
Federal   County:	(include city, se	rate, & zap)		1	164	-	
State Municipality: e. Election Cycle Sum to Date  S  i. Date (mm/dd/yyyy) j. Amount  \$ \$ \$ \$ \$	Į.				ed (Specify)	1	·-
f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount  \$ \$ \$ \$ \$ \$	ę			1		e. E	lection Cycle Sum to Date
f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		•					
f. Account Code g. Form of Payment h. Purpose \$	ł				42.52		To a
\$ \$ 655.00	Assount Code	Form of Payment	h. Purpose		i. Date (mm/da/yy	уу)	
15 655 00	i. Account	6		_	1		\$
5 Total only this Page s 655.00		<del> </del>			1		1
5 Total only this Page						Ts	155.00
	5. Total or	aly this Page		<u> </u>		十	<u> </u>

6. Total of ALL CRO-1310 Pages

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

B55.00

## **Contributions from Individuals**

Contr	ibutions fro	om Individual	s	Pg			
1. Commit	tee Fuli Name (and		2. ID Number				
		IS FOR CON		Add Ren			
	ibutor Informat			b. Job Title/Profes		d. Comments	
	me, Mailing Addres city, state, & zip)	s & I none			,		
(Include	<u> </u>			Ke+	red	ļ	
\ D₁	ORTHY H.	PARRIAS		c. Employer's Nan	1e/Specific Field		
39	36 TUST	N BROOK L	۸.		ļ	e. Election Cycle Sum to Date	
		DWN, NC 27			Ī	s	
·					i. Date (mm/dd/yyy)	v) k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	J. Date (manually)		
					9/23/0	3 8 /31.	
						\$	
						\$	
3 Conf	ributor Informa	tion		Add Ren	nove		
	me, Mailing Addre			b. Job Title/Profe	ssion	d. Comments	
	e city, state, & zip)						
Сн	ARONA	T. REMILA	RD	c. Employer's Na	MANAGER ne/Specific Field		
41	100 New L	<i>walkertou</i>	un Rd.	]		e. Election Cycle Sum to Date	
		OWN, NC		OIK Y	ieus store		
	•	•		CV3-2			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		
	-				9/23/03	3 \$ 131.00	
						\$	
						\$	
3. Cont	ributor Informa	ation		·	move	1.0	
	ame, Mailing Addre			b. Job Title/Profession d. Comments			
(includ	le city, state, & zip)	<u> </u>		Per	uned		
1 7	Om v. Sc	OTHERN		c. Employer's Na	me/Specific Field	·	
3136 New St.				_	e. Election Cycle Sum to Date		
POBOX 573							
1	Walker	TOWN, NC Z	27051	Į.		\$	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descri	ption	j. Date (mm/dd/yy		
	<u></u>				9/23/6	03 \$ 131.00	
						\$	
	2					s	
			4			A-1	
4 70	tal andre 45ta T	2000		· · · · · · · · ·		s 393.	
	tal only this F	Page RO-1210 Pages				s 393.	

Amendment

## **Contributions from Individuals**

Cont	ributions fr	om Individual	ls		Pg	<u>2</u> of <u>2</u>	_ ;	Yes No	
1. Commi	ttee Full Name (and	Fund if applicable)					2. ID	Number	
	C17/26	NS FOR COM	ITINUED F	BALE	IN IN	DIKERTOUR	j		
	ributor Informa			Add	Ren	iove		4	
	me, Mailing Addre	ss & Phone		b. Job Ti	tie/Profes	sion	d. Co	omments	
(includ	e city, state, & zip)				<b>7</b>				
	_			<u> </u>		e/Specific Field			
l	ALLACE	LARRIMORE	<u>.</u>	c. Employ	yer's Ivani	le/Specific Field			
4	965 Paul	sville Rd.					e. Eli	ection Cycle Sum to Date	
	103 KE18	sville Ra.							
	PALKCKIO	WN, NC 27	051	İ			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount	
	,	-	<u> </u>			9/23/03		\$ 131.00	
				<u></u>				\$	
								\$	
<u> </u>			<u> </u>						
	ributor Informa			Add		nove	I	omments	
!	ame, Mailing Addre	ess & Phone		b. Job Ti	tle/Profes	sion	a. C	omments	
(includ	e city, state, & zip)				11	1	1		
					CTIY	1e/Specific Field	ł		
	SohnTin	911		c. Empio	yer's Nan	le/Specific Field	-		
		cklane Dr.					e. El	e. Election Cycle Sum to Date	
	-	- •							
•	WALKER?	OWN, NC 2	7051				\$	·	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yy)	yy)	k. Amount	
	8,					0/2-1		\$ 131.00	
						7/23/0.	3_	* 131.	
				. "				\$	
								\$	
3 Con	tributor Inform	ation		Add	Rei	nove			
	ame, Mailing Addr			b. Job Title/Profession d. Comments			omments		
	le city, state, & zip)								
(20000	,			L			1		
1				c. Employer's Name/Specific Field				•	
							<u></u>	Lastina Carla Cara to Doto	
							c. L	lection Cycle Sum to Date	
				ł			\$		
			I Y. I/ind Desert	<u> </u>		i. Date (mm/dd/yy	'VV)	k, Amount	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descri	huan		J. 2 2 2 ( 2 2 3 )	***		
	,							\$	
								\$	
	ř			· · · · · ·				\$	
4. To	tal only this F	Page		. <del></del>			\$	262.00	
5. To	tal of ALL C	RO-1210 Pages	<u> </u>				\$	655,00	
(Thic	line must be on line	6 of Detailed Summary I	Page CRO-1100)				1		

Amendment