Disclosure F	Report	Cover FORSYTH	COUNTY
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Please note that this cover sheet	cannot be used	to amend cor	nmittee infor	mation	such as the	committee address, treasurer,		
Please note that this cover sheet 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 those kinds of committee changes.								
Use	the Addendum	form (CRO-	1010) if more	entrie:	s are needed.			
1. Committee Information	Mr.							
a, Full Name		- tun- ()				c. ID Number		
	7.							
	Wins	EMAY - E	ast t	عدر				
b. Mailing Address (include City, State						d. Date Filed		
						TI 9 2003		
1617 E. 14th						July 9, 2003 e. Phone Number		
W-S, M.C. 271	05				,			
,						(336) 722-4583		
		lan tare	Data (mm/dd/s	ana)	5. Treasurer I	<u> </u>		
2. Report Year 3. Period Start Date	e (mm/dd/yyyy)	4. Period End	Date (mm/dd/y	(333)	J. IICZSUICI I	unitame		
					Fann 14	Bonham		
mid year	le ·	Type of Report	(check only	v one tvo	e of report from			
6. Type of Committee (Check one)		unicipal		County	- 	Referendum		
Candidate Campaign Party	1,	Organizational)rganizat	ional	Organizational		
	 	Thirty-five day		Quarterly		Pre-referendum		
7. Type of Fund (if applicable, of	check one)	Pre-primary			Plus	Final		
7. Type of Fund (if applicable, of Soft Money Account	The control of the co	Pre-election		Seco	ind	Supplemental Final		
"Booster Fund"		Pre-runoff		Thir	d Plus	Annual Annual		
Building Fund	1	Semi-annual		Fou	th	Special		
NC Political Party Financing Fund	In	Mid Yea	· S	Semi-ann	ual			
Presidential Election Year Candidate	es Fund	Year End		Mid	Year	9. Special Report Name		
NC Public Campaign Financing Fur		Final		Yea	r End			
Other:		Special	_ F	Final				
			1 ——.	Special				
10. Account Information			10. Account					
a. Financial Institution Full Name			a. Financial In	stitution	Full Name			
Bernich Bank Mys	Trust				-	c. Code		
b. Purpose	c. Code		b. Purpose			t. couc		
	a Desiral Pagin I	Palagge				d. Period Begin Balance		
	d. Period Begin I					\$ 177.23		
	\$ 177.	23				5 177.		
CERTIFICATION	<u> </u>		<u> </u>					
I certify that the Committee is i	in complianced	with all provis	ions of Articl	e 22A.	including the	at no funds are commingled		
with funds for a federal or out-	of compilation v	I further sax th	at this report	is com	plete, true a	nd correct.		
with funds for a federal or out-	01-state PAC. 1	i iuitici sayu	National Control					
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					F	Registered Mail		
Date Postmarked:		- r			<u> </u>			
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Duto I dominante		Emplo	-			Hand Delivered Electronically Filed		

Detailed Summary



1. Committee Full Name (and Fund if applicable)	2. Type of Re	port 2. II	O Number			
		Total this	Total this			
Start of Election Cycle: January 1,	<u> </u>	Reporting Period	Election Cycle			
4) Cash on Hand at Start		\$ 177,23	\$ 177.23			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$	\$			
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	(CRO-1250)	900 J. 1800 A. C. A.				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$			
13) TOTAL RECEIPTS		\$	S			
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)						
<u>EXPENDITURES</u>						
14) Disbursements	(CRO-1310)					
14a) Operating Expenditures	(CRO-1310)	\$	\$			
14b) Contributions to Candidates/Political Committees		\$	\$			
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$			
[7] In-Kind Contributions	(CRO-1510)	\$	\$			
18) TOTAL EXPENDITURES	:	\$	\$			
(Add lines 14a, 14b, 14c, 15, 16, and 17) 19) Cash on Hand at End		5 . 00 73	5 .00 28			
(Add lines 4 and 13 together, then subtract line 18)		\$ 177,23	\$ 177.73			
ADDITIONAL INFORMATION	care a constant constant of the second					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
26) Forgiven Loans	(CRO-1440)	\$	\$ /			
27) 48-Hour Notice Reports Sum		\$	\$			
CDO 1100 NC State Box	rd of Elections		March 2003			

			Individuals Pa	2 2 7 1	D Namber
Committee	Full Name (and Fu	ad if applicable)		2. 1	U (Manber
		 			
Contribut Amend	utor Information b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
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Contributions from Individuals

	Amendment	
Pg		□ No

1. Comm	ittee Full Name (an	d Fund if applicable)					2. 11	D Number	
3. Conf	ributor Informa	ation		Add	Re	emove			
	ame, Mailing Addre		<u> </u>	b. Job Ti	<u> </u>		d. C	Comments	
	le city, state, & zip)								
				c. Emplo	yer's Na	me/Specific Field			
							e. El	lection Cycle Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption		j. Date (mm/dd/yy)	уу)	k. Amount	
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								\$	
	ributor Informa			Add	ليسا	emove			
	ame, Mailing Addre	ess & Phone		b. Job Tit	tle/Prof	ession	d. C	omments	
(includ	e city, state, & zip)			-					
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								\$	
3. Cont	ributor Informa	ntion		Add	_	move			
a. Full Na	ame, Mailing Addre			b. Job Tit	b. Job Title/Profession		d. C	d. Comments	
(includ	e city, state, & zip)			4					
				c. Employ	ver's Na	me/Specific Field	1	1	
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Other Receipt Sources

		∆ mendment	
Pg	U	Yes	□ No

1. Committee Full	Name (and Fund if applicat	ole)			2. ID	Number
3. Type of Reco	eipt Source (Please use s	separate CRO-1250 forms	for each type of R	eceipt Source.)		
[Interest	Contrib	utions from Not-for-Profit	Organizations	Outside S	ource	s of Income
4. Contributor			· <u> </u>	emove		
	ling Address & Phone		b. Not-for-Profi	t Federal ID#	d. Co	omments
(include city, sta	te, & zip)		4			
			c. Outside Source	e Fundamation	1	
			C. Guille Court	- Dapinion		
			1		e. Ele	ection Cycle Sum to Date
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						\$
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a. Full Name, Mail	ing Address & Phone		b. Not-for-Profit	Federal ID#	d. Co	mments
(include city, sta	te, & zip)					
			0.4:1.5	· F1		
			c. Outside Source	e Expianation		
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f. Account Code	g. Form of Payment	h. In-Kind Description	<u> </u>	i. Date (mm/dd/yyy	y)	j. Amount
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	ing Address & Phone		b. Not-for-Profit	Federal ID #	d. Co	mments
(include city, sta	te, & zip)					
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			c. Outside Sourc	e exbisusmon	ŀ	
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	line 11b of Detailed Summa line 11c of Detailed Summa				İ	

Goods and Services (including Fundraisers) Pg __

	in a de en en	-		
	Yes		No	

1. Comp	nittee Full	Name (au	d Fund if	applicable)					2. ID No	ımber
3. Eve	nt Inform	ation				Add	Remov	е		
	ame, Mail		ess & Pho	ne	· · · · · ·	b. Attend	lance (approx	. count)	d. Date(s) Held (mm/dd/yyyy)
(inclu	le city, sta	te, & zip)							FROM	:
	-					c. Descri	ption		TO:	
									e. Total	Event Amount
									\$	
4. Item	s (goods	and/or	services) Sold						
a. Cnt	b. Payme			c. Item	d. Acct	e. Da		f. Amount per	Item	g. Total Amount
	Check	Cash	Other	Description	Code	(n:	ım/dd/yyyy)			
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CRO-1260

NC State Board of Elections

March 2003

Disbursements



1. Committee Full	Name (and Fund if applica	ble)			2. ID Numb	er
3. Type of Disb	oursement (Please use	separate CRO-1310 forms	for each type of D	isbursement.)		
Operating Exp	enses Contri	butions to Candidates/Politi	cal Committees	Coordinat	ed Party Expe	enditures
4. Payee Inform	nation			emove		
a. Full Name, Mail	ling Address & Phone		b. Coordinated (Committee Name	d. Comment	s
(include city, sta	te, & zip)		_			
				1.0 16		
			c. Level Register	ed (Specify) County:		
			State		e Election (Cycle Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	y) j. Amot	int
					\$	
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4. Payee Inforn	nation			move		
a. Full Name, Mail	ing Address & Phone		b. Coordinated C	Committee Name	d. Comment	s
(include city, sta	te, & zip)					
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			c. Level Register	County:		
			State	= '	e. Election C	ycle Sum to Date
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4. Payee Inforn	nation		Add Re	move		
	ing Address & Phone	<u></u>	b. Coordinated Committee Name d. Comments			s
(include city, stat	_					- "
			c. Level Register			
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(This line goes in	line 14c of Detailed Summ	ary Page CRO-1100 if Coo	rdinated Party Exp	enditures)		