

# Disclosure Report Cover

# COPY

Amendment

☐ Yes ☐ No

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 entries are needed.

## 1. Committee Information

a. Full Name <b>Committee To Elect Whitcomb</b>	c. ID Number <b>154H91</b>
b. Mailing Address (include City, State and Zip Code) <b>POB 40 Lewisville, NE 68023</b>	d. Date Filed <b>7-14-04</b>
	e. Phone Number <b>748-1900</b>

2. Report Year <b>2004</b>	3. Period Start Date (mm/dd/yyyy) <b>05062004</b>	4. Period End Date (mm/dd/yyyy) <b>06302004</b>	5. Treasurer Full Name <b>William Heath</b>
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6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	8. Type of Report (check only one type of report from one category) <b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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10. Account Information a. Financial Institution Full Name <b>Southern Community B&amp;T</b>	10. Account Information a. Financial Institution Full Name <b>RECEIVED</b>
b. Purpose <b>7/14/04 PM 3:00</b>	b. Purpose <b>7/14/04</b>
c. Code <b>8</b>	c. Code <b>8</b>
d. Period Begin Balance <b>\$ ZERO</b>	d. Period Begin Balance <b>\$</b>

## 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.

**WH** Printed Name of Signer  
**Signature of Appointed Treasurer**  
**7/14/04** Date

## FOR OFFICE USE ONLY

Date Received: **7-14-04** Employee: **Judy Spear** Delivery Method  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

☐ No

**March 2003**

# Disbursements

Amendment Pg \_\_\_\_ of \_\_\_\_ ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <b>FORSTYTH COUNTY BOARD OF COMMISSIONERS</b>				2. ID Number <b>154491</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>FORSTYTH COUNTY BOE</b>		b. Coordinated Committee Name		d. Comments <b>FILING FEE</b>	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <b>172.80</b>	
f. Account Code <b>1149</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>FILING FEE</b>	i. Date (mm/dd/yyyy) <b>05062004</b>	j. Amount \$ <b>172.80</b>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>DER STEWART RALEIGH, NC</b>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <b>1,000.00</b>	
f. Account Code <b>1149</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>CONSULTANT</b>	i. Date (mm/dd/yyyy) <b>05272004</b>	j. Amount \$ <b>1,000.00</b>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>COLOR BARBS VIDEO WINSTON-SALEM NC</b>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ <b>6615.00</b>	
f. Account Code <b>1149</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>RADIO PRODUCTION</b>	i. Date (mm/dd/yyyy) <b>06302004</b>	j. Amount \$ <b>6615.00</b>	
				\$	
5. Total only this Page				\$	
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) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ <b>7,787.80</b>	

# Loan Proceeds

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) <b>Board of Election Commissioners</b>		2. ID Number <b>1541491</b>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>William Heath Whitener POB 40 Lewisville, NC 27023</b>		b. Job Title/Profession <b>BUSINESSMAN</b>	d. Comments
		c. Employer's Name/Specific Field <b>SICK EMPLOYED</b>	e. Start Date (mm/dd/yyyy) <b>05/01/2004</b>
			f. End Date (mm/dd/yyyy) <b>OPEN</b>
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment
			k. Amount <b>\$10772.80</b>
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
5. Total of ALL CRO-1410 Pages			\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)			

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	<u>Committee to Elect Whitewater Commissioner</u>
• Person lending money to committee (Lender):	<u>William Heath Whitewater</u>
• Date of loan to committee:	<u>5/6 - \$172.80</u> <u>5/27 - \$100.00</u>
• Name of lending institution and account number (source):	<u>5/27 - \$1,000.00</u> <u>6/30 - \$950.00</u> <u>Wm H. Whitewater, Individual</u>
• Amount of loan:	<u>\$10,772.80</u>
• Names of all parties responsible for payment of loan (guarantors):	<u>William Heath Whitewater</u>
• Period of loan:	<u>Open To Call</u>
• Rate of interest of loan:	<u>ZERO</u>
• Security pledged for loan:	<u>NONE</u>

I, William Heath Whitewater, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.