b. Mailing Address (include City, State and Zip Code) POB 40 LEWISVULE NC 270 2. Report Year 3. Period Start Date (mm/dd/yyyy) 4. Peri 2004 0630 2004 10 6. Type of Committee (Check one) 8. Type of 1 Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- 7. Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-de "Booster Fund" Pre-run Building Fund NC Political Party Financing Fund Mu	books information, or acc CRO-2100A-E) to make to RO-1010) if more entries ALAS ALAS Condensity Conde	count information. those kinds of committee changes. is are needed. c. ID Number C. ID Number C
You must amend the Statement of Organization Use the Addendum form (. Committee Information . Full Name Mailing Address (include City, State and Zip Code) POB 40 LEWISWUE NC 270 . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Type of Committee (Check one) 8. Type of 10 . Type of Committee (Check one) 8. Type of 10 . Type of Fund (if applicable, check one) 9re-pri . Soft Money Account 9re-ete . Soft Money Account 9re-ete . NC Political Party Financing Fund 9re-run . NC Political Party Financing Fund 9re-run . NC Public Campaign Financing Fund 9re-run . NC Public Campaign Financing Fund 9re-run . NC Public Campaign Financing Fund 9 . NC Public Campaign Financing Fund 9re-run . Specia . Account Information . Financial Institution Full Name . Sour Mege Comm UN M 8 5 7 . Purpose 0. Code	CRO-2100A-E) to make to RO-1010) if more entries AAPT (+	those kinds of committee changes. s are needed. c. ID Number d. Date Filed 10 - 25 - 04 e. Phone Number 8 / 7 - / 555 5. Treasurer Full Name WM. HEATH WASSING we of report from one category) Referendum tional Organizational Pre-referendum tional Organizational Pre-referendum tional Supplemental Final d Plus Final Supplemental Final d Plus Annual rth Special ual Year 9. Special Report Name r End
Use the Addendum form (. Committee Information . Full Name . Mailing Address (include City, State and Zip Code) . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period . Type of Committee (Check one) 8. Type of 10 . Candidate Campaign Party Musicipal . Joint Fundraiser PAC 0 organi . Referendum 7 Musicipal . Joint Fundraiser PAC 0 organi . Referendum 7 Musicipal . Joint Fundraiser PAC 0 organi . Referendum 7 Musicipal . Joint Fundraiser PAC 0 organi . Soft Money Account 10 Pre-tie . Building Fund 10 Pre-tie . Soft Money Account 10 Pre-tie . Soft Money Account 10 Pre-tie . Specia . Account Information . Financial Institution Full Name . Output Campaign Financing Fund 10 Final . Output CommUNING 11 Pre-tie . Account Information . Financial Institution Full Name . Output CommUNING 11 Pre-tie . Purpose 2. Code . Account Information . Purpose 2. Code	RO-1010) if more entries	c. ID Number c.
Committee Information Full Name SMM 1175 E To ELECTURING Mailing Address (include City, State and Zip Code) POB 40 LEWISVULE NC 270 Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Type of Committee (Check one) 8. Type of 10 Candidate Campaign Party Musicipal Joint Fundraiser PAC 00rgani Referendum 7 Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-de "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund NC Political Party Financing Fund Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia 0. Account Information Financial Institution Full Name Courple CommUnity B 7 Purpose C. Code	App 0 end 9 (c) A End Date (mm/dd/yyyy) 6 C D D 4 6 State/County 6 sport (check only one type State/County 6 ary First ion Second ff Third ary First ion Second ff Third Third Fourt are End Mid Special 10. Account Inform	c. ID Number c. ID Number c. ID Number d. Date Filed <u>10 - 25 - 04</u> c. Phone Number <u>8 / 7 - / 555</u> 5. Treasurer Full Name <u>WM. HEATH</u> <u>WHATE/ISARE</u> to of report from one category) Referendum tional Organizational Pre-referendum Final Ind Supplemental Final d Plus Final Annual th Special ual Year r End Full Name
Full Name Mm IFFEE Leves (include City, State and Zip Code) POB 40 LEWISVALE NC 270 Report Year 3. Period Start Date (mm/dd/yyyy) 2004 0630 2004 Yourge of Committee (Check one) Start Date (mm/dd/yyyy) 4. Period Start Date (mm/dd/yyyy) Yourge of Committee (Check one) Start Date (mm/dd/yyyy) 4. Period Start Date (mm/dd/yyyy) Yourge of Committee (Check one) Start Date (mm/dd/yyyy) 4. Period Start Date (mm/dd/yyyy) Yourge of Committee (Check one) Start Date Compaign Party Joint Fundraiser PAC Joint Fundraiser PAC Start Date (if applicable, check one) Pre-pri Start Money Account Pre-tel ''Booster Fund' Pre-tel Building Fund Municipal NC Political Party Financing Fund Mu Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Y Other: Specia Outher: Specia Outher: Communer	A End Date (mm/dd/yyyy) G 2 0 0 4/ State/County state/County state/County state/County ary G 1 organizati ve day Quarterly ary G 2 ary G 2 G 3 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County G 2	Commentation Co
Som INFEE To Elles When Mailing Address (include City, State and Zip Code) Nailing Address (include City, State and Zip Code) POB 40 Joint State and Zip Code) POB 40 LEWISVILLE NC 700 Report Year 3. Period Start Date (mm/dd/yyyy) A period Start Date (mm/dd/yyyy) Joint Fundraiser Joint Fundraiser Joint Fundraiser Party Joint Fundraiser Joint Fundraiser Joint Fundraiser Joint Fundraiser Joint Fund	A End Date (mm/dd/yyyy) G 2 0 0 4/ State/County state/County state/County state/County ary G 1 organizati ve day Quarterly ary G 2 ary G 2 G 3 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County G 2	Commentation Co
Mailing Address (include City, State and Zip Code) POB 40 LEWISVALE NC 270 Report Year 3. Period Start Date (mm/dd/yyyy) 4. Peri 2004 0630 2004 10 Type of Committee (Check one) 8. Type of 1 Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ele "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund Mu Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Specia 0. Account Information Financial Institution Full Name Common M B 5 T Purpose c. Code	A End Date (mm/dd/yyyy) G 2 0 0 4/ State/County state/County state/County state/County ary G 1 organizati ve day Quarterly ary G 2 ary G 2 G 3 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County G 2	d. Date Filed 10 -25-04 e. Phone Number 8/7-/555 5. Treasurer Full Name WM. HEATH WASSING was of report from one category) Referendum tional Organizational Pre-referendum Pre-referendum Pre-referendum Pre-referendum Supplemental Final d Plus Final Supplemental Final d Plus Supplemental Final Supplemental Final Supplemental Final Final Supplemental Final Supplemental Final Final Full Name
Mailing Address (include City, State and Zip Code) POB 40 LEWISVALE NC 270 Report Year 3. Period Start Date (mm/dd/yyyy) 4. Peri 2004 0630 2004 10 Type of Committee (Check one) 8. Type of 1 Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ele "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund Mu Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Specia 0. Account Information Financial Institution Full Name Common M B 5 T Purpose c. Code	A End Date (mm/dd/yyyy) G 2 0 0 4/ State/County state/County state/County state/County ary G 1 organizati ve day Quarterly ary G 2 ary G 2 G 3 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County state/County G 2 G 2 O 0 4/ State/County G 2	d. Date Filed 10 -25-04 e. Phone Number 8/7-/555 5. Treasurer Full Name WM. HEATH WASSING was of report from one category) Referendum tional Organizational Pre-referendum Pre-referendum Pre-referendum Pre-referendum Supplemental Final d Plus Final Supplemental Final d Plus Supplemental Final Supplemental Final Supplemental Final Final Supplemental Final Supplemental Final Final Full Name
POB 40 LEWISVALE NC 270 Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Typeof Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Joint Fundraiser PAC Organi Soft Money Account Pre-pri Soft Money Account ''Booster Fund' Pre-ele Pre-run Building Fund Semi-a NC Political Party Financing Fund Mu Presidential Election Year Candidates Fund Y Y NC Public Campaign Financing Fund Y Y Other: Specia Y Other: Specia Specia Outher: CommUnition Final Outher: Code I Outher: Leviod Begin Balance	d End Date (mm/dd/yyyy) G 2 0 0 4 port (check only one type State/County ational Organizati ve day Quarterly ary First ion Secon ff H Third hual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	e. Phone Number 8/7-/555 5. Treasurer Full Name WM. HEATH WASSARD to of report from one category) Referendum tional Organizational Pre-referendum tional Final ond Supplemental Final d Plus Annual th Special ual Year 9. Special Report Name r End
Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ete "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund M NC Political Party Financing Fund M Y NC Politic Campaign Financing Fund Y Final Other: Specia Specia Account Information Final Specia Financial Institution Full Name C. Code I d. Period Begin Balance I I	d End Date (mm/dd/yyyy) G 2 0 0 4 port (check only one type State/County ational Organizati ve day Quarterly ary First ion Secon ff H Third hual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	e. Phone Number 8/7-/555 5. Treasurer Full Name WM. HEATH WASSARD to of report from one category) Referendum tional Organizational Pre-referendum tional Final ond Supplemental Final d Plus Annual th Special ual Year 9. Special Report Name r End
Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ete "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y Y NC Politic Campaign Financing Fund Y Final Other: Specia Specia Account Information Final Specia Financial Institution Full Name C. Code I d. Period Begin Balance I I	d End Date (mm/dd/yyyy) G 2 0 0 4 port (check only one type State/County ational Organizati ve day Quarterly ary First ion Secon ff H Third hual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	8/7-/555 5. Treasurer Full Name WM. HEATH WH SHEARS WM. HEATH WH SHEARS WM. HEATH WH SHEARS Referendum to of report from one category) Referendum tional Organizational Pre-referendum Supplemental Final Organizational Pre-referendum Supplemental Final Organizational Pre-referendum Supplemental Final Organizational Pre-referendum Pre-referendum Organizational Pre-referendum Pre-referendum Organizational Pre-referendum Organizational Pre-referendum Pre-referendum Pre-referendum Pre-referendum Pre-referendum Pre-referendum
Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ete "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y Y NC Politic Campaign Financing Fund Y Final Other: Specia Specia Account Information Final Specia Financial Institution Full Name C. Code I d. Period Begin Balance I I	d End Date (mm/dd/yyyy) G 2 0 0 4 port (check only one type State/County ational Organizati ve day Quarterly ary First ion Secon ff H Third hual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	5. Treasurer Full Name Jum. Je ATH
Report Year 3. Period Start Date (mm/dd/yyyy) 4. Period 2004 0630 2004 10 Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-ete "Booster Fund" Pre-run Building Fund Semi-aa NC Political Party Financing Fund M NC Political Party Financing Fund M Y NC Political Party Financing Fund Y Final Other: Specia Y Account Information Specia Financial Institution Full Name C. Code d. Period Begin Balance d. Period Begin Balance	d End Date (mm/dd/yyyy) G 2 0 0 4 port (check only one type State/County ational Organizati ve day Quarterly ary First ion Secon ff H Third hual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	Wm. He Ain WH ms/Muel we of report from one category) Referendum tional Organizational Pre-referendum Pre-referendum tional Supplemental Final annual th Special ual Year Special Report Name
2004 0630 2004 10 Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Joint Fundraiser PAC Organi Referendum Thirty- Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri Booster Fund" Pre-tee "Booster Fund" Pre-tee "Building Fund Semi-a NC Political Party Financing Fund M NC Public Campaign Financing Fund Y Other: Specia O. Account Information Specia Output Gradiates Guttal Institution Full Name C. Code d. Period Begin Balance d. Period Begin Balance	G g O O 44 sport (check only one type State/County stional Organizati ve day Quarterly ary First ion Second ff Third nual Fourt ar End Mid Semi-annu Year Final Special 10. Account Inform	Wm. He Ain WH ms/Muel we of report from one category) Referendum tional Organizational Pre-referendum Pre-referendum tional Supplemental Final annual th Special ual Year Special Report Name
Type of Committee (Check one) 8. Type of I Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri Pre-run Building Fund Semi-a Semi-a NC Political Party Financing Fund M Pre-run NC Political Party Financing Fund M M NC Public Campaign Financing Fund Y Specia Other: Specia Specia Output: CommUN 44 5 Financial Institution Full Name C. Code d. Period Begin Balance d. Period Begin Balance	check only one type State/County ational Organizati ve day Quarterly ary First ion First ion Four ff Year ar End Year Final Special 10. Account Inform	Referendum Referendum tional Organizational Pre-referendum Pre-referendum a Plus Final bind Supplemental Final d Plus Annual rth Special ual 9. Special Report Name r End Supplement Name
Candidate Campaign Party Municipal Joint Fundraiser PAC Organi Referendum Thirty- Tritype of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri Pre-de Pre-pri Soft Money Account Pre-ele Pre-ele "Booster Fund" Pre-run Semi-a NC Political Party Financing Fund M Pre-run NC Political Party Financing Fund M Y NC Public Campaign Financing Fund Y Final Other: Specia Specia O. Account Information Final Specia Furpose c. Code	State/County ational Organizati ve day Quarterly ary First ion Secon ff Third ff Semi-annu ar End Mid Year Semi-annu ar End Mid Final Special 10. Account Inform	Referendum tional Organizational Pre-referendum Pre-referendum Plus Final ond Supplemental Final d Plus Annual rth Special ual 9. Special Report Name r End Preserver
Joint Fundraiser PAC Organi Referendum Thirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri ''Booster Fund' Pre-ele ''Booster Fund' Semi-aa NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Output Specia Output CommONP4 Bilding Fund Specia	tional Organizati ve day Quarterly ary First ion Secon ff I Third nual Fourt d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	tional Organizational Pre-referendum Pre-referendum Plus Final Supplemental Final d Plus Annual rth Special ual Year 9. Special Report Name r End Full Name
Referendum Inirty- Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri ''Booster Fund' Pre-ele ''Building Fund Semi-a NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Specia Funpose c. Code d. Period Begin Balance d. Period Begin Balance	ve day Quarterly ary First ion Second ff I Third nual Fourt at Year Semi-annu ar End Mid Year Final 10. Account Inform	Pre-referendum Plus Final Supplemental Final d Plus Annual th Special ual Year r End Full Name
Type of Fund (if applicable, check one) Pre-pri Soft Money Account Pre-pri ''Booster Fund' Pre-rur Building Fund Semi-a NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Financial Institution Full Name Outplefee c. Code d. Period Begin Balance	ary First ion Second ff First nual Fourt ar End Mid Final Special 10. Account Inform	a Plus Final and Supplemental Final d Plus Annual th Special ual year Year 9. Special Report Name nation 33
Soft Money Account Pre-ele "Booster Fund" Pre-ele Building Fund Semi-a NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Specia Financial Institution Full Name CommUnity H Outplace c. Code d. Period Begin Balance Image: Community H	ion Secon ff L Third nual Fourt a Year Semi-annu ar End Mid Year Final Special 10. Account Inform	ind Supplemental Final id Plus Annual ith Special ual
"Booster Fund" Pre-run Building Fund Semi-a NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Specia Financial Institution Full Name CommUnorff Outplace c. Code d. Period Begin Balance	ff Third nual Four 1 Year Semi-annu ar End Mid Year Final Special 10. Account Inform	d Plus Annual th Special ual Year 9. Special Report Name r End mation
Building Fund Semi-a Building Fund M NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Specia Financial Institution Full Name Specia OutpleAndowny Specia OutpleAndowny Specia OutpleAndowny Specia OutpleAndowny Specia OutpleAndowny Specia	nual Fourd 1 Year Semi-annu ar End Mid Year Final Special 10. Account Inform	th Special ual Year r End P. Special Report Name Second Second Seco
NC Political Party Financing Fund M Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Financial Institution Full Name Outplet None c. Code Image: Complete None c. Code Image: Complete None d. Period Begin Balance	d Year Semi-annu ar End Mid Year Final Special 10. Account Inform	ual Year 9. Special Report Name r End 9. Special Report Name
Presidential Election Year Candidates Fund Y NC Public Campaign Financing Fund Final Other: Specia Account Information Financial Institution Full Name Outplace CommUnity B \$ 7 Purpose c. Code d. Period Begin Balance	ar End Mid Year Final Special 10. Account Inform	Year End P. Special Report Name Participation Full Name
NC Public Campaign Financing Fund Final Other: Specia O. Account Information Financial Institution Full Name Outplace C. Code Purpose c. Code d. Period Begin Balance	Year Final Special	r End mation Full Name
Other: Specia O. Account Information Specia Financial Institution Full Name Specia Outplace Communy B \$ 7 Purpose c. Code d. Period Begin Balance	Final Special	nation 300
Account Information Financial Institution Full Name OUTHER COMMONNY B\$ 7 Purpose c. Code d. Period Begin Balance	10. Account Inform	Full Name
Financial Institution Full Name OUTRER NOMMONNY B\$ 7 Purpose c. Code d. Period Begin Balance	10. Account Inform	Full Name
Financial Institution Full Name OUTRER NOMMONNY B\$ 7 Purpose c. Code d. Period Begin Balance	and the second	Full Name
OUTRERN COMMUNITY B\$T Purpose c. Code d. Period Begin Balance	a. riazacizi institution	
Purpose c. Code d. Period Begin Balance		
Purpose c. Code d. Period Begin Balance		
d. Period Begin Balance	b. Purpose	c. Code
	····	d. Period Begin Balance
\$2,785.0	<u>_</u>	
	クリート	S
ERTIFICATION		
I certify that the Committee is in compliance with all r	ovisions of Article, 22A, j	including that no funds are commingled
with funds for a federal or out-of-state PAC. I further	ay that this report is comp	plete true and correct.
	In HANN	\mathbf{A} \mathbf{a}
11. H. WHITEHEARY	M K/WW	U 10/25/04
Printed Name of Signer	Signature of Appointed Treas	isurer Date
OR OFFICE USE ONLY		
Date Received: 10-25-04 B	nployee: Judy open	Delivery Method Delivery Method Normal Mail
Date Postmarked: E	nployee:	Registered Mail
Date Scanned: E		Hand Delivered
RO-1000 NC St	nployee:	Hand Delivered Electronically Filed

•

i

. .

Detailed Summary			Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of Re	port 2	. ID Number
White MERE TO ELECT Commissionly	e		154/191
Start of Election Cycle: January 1,	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,985.0	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	s	\$
6) Contributions from Individuals	(CRO-1210)	\$	s
7) Contributions from Political Party Committees	(CRO-1220)	\$	S
8) Contributions from Other Political Committees	(CRO-1230)	\$	S
9) Loan Proceeds	(CRO-1410)	\$22,420,00	s 33, 192.38
10) Refunds/Reimbursements To the Committee	(CRO-1240)	s	s
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	S
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	S
11c) Outside Sources of Income	(CRO-1250)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) TOTAL RECEIPTS		\$ 22 1/20 0	0 \$ 33,192.38
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		an, 420.0	9 33,1 /0.30
EXPENDITURES	(00.0.1370)		
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	s 24, 899.4	4 <u>s</u> 32,686.82
14b) Contributions to Candidates/Political Committees		\$	5
14c) Coordinated Party Expenditures	(CRO-1310)	S	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)		<u> </u>
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES		\$ 24 899,44	4 \$ 3,2 686,82
(Add lines 14a, 14b, 14c, 15, 16, and 17) 19) Cash on Hand at End			EnEZ/
(Add lines 4 and 13 together, then subtract line 18)		s 505.54	0, 202,20
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 10 772.38	
22) Debts and Obligations owed By the Committee	(CRO-1610)	S	
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)	\$	S
27) 48-Hour Notice Reports Sum		\$	S

т**т** •

.

-

۰.

Amendment

: 1

f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount 1149 c/tEch MAILING ODO12004 \$2,000.4 4. Payee Information Add Remove 2. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) b. Coordinated Committee Name d. Comments WOO NEN GRAPIHCS c. Level Registered (Specify) Federal County: DRAWER 819 State Municipality: e. Election Cycle Sum to Date WEL COME, NC s< \$74.69 G. Account Code g. Form of Payment h. Purpose	Disbursen	ients		Pi	g of		Amendment Yes No
CS mm NFFE TS X HZ CY Whith M HIGHE ISYM 9/ Carry C Controls S & Marca New Solutions S & Marca ISYM 9/ S. Type C Information Contributions to Candidace/Political Committees Coordinated Party Expenditures A Payce Information Add Remove Contributions to Candidace/Political Committee S. Full Name, Mailing Address & Phone Is Coordinated Committee Name Comments Control Committee Name Include city, state, & sip) Is Coordinated Committee Name Is Coordinated Committee Name Comments Rest Name, Mailing Address & Phone Is Coordinated Committee Name Is Coordinated Committee Name In Payle Rest Name, Mailing Address & Phone Is Coordinated Committee Name In Control Add Remove Rest Name, Mailing Address & Phone Is Date (mm/ddfyyyr) Is African to Date In Coordinated Committee Name In Coordinated Committee Name I/H 9 C/HECH MALL IN G OTO I 2004 320,000.5 Include city, state, & zip) In African Address & Phone Is Coordinated Committee Name In Order Science Name Include city, state, & zip) In Courdinated Committee Name Is Coordinated Commititee Name Is Coordinated Commititee Name	L Committee Full	Name (and Fred if applicable			-	2 11) Number
W Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Kull Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (Include city, state, & zip) MART G. Ro W MART R full Name, Mailing Address & Phone B. Coordinated Committee Name d. Comments R full Name, Mailing Address & Phone B. Purpose I. Date (mm/dd/yyyy) J. Adocant If Y 9 C/LKECM MART L I N G OTO 1 2 004 \$ 20, 000. Image: Address & Phone B. Purpose I. Date (mm/dd/yyyy) J. Adocant Image: Address & Phone B. Purpose Date (mm/dd/yyyy) J. Adocant Image: Address & Phone B. Purpose Date (mm/dd/yyyy) J. Adocant Image: Address & Phone B. Coardinated Committee Name Cognments MART L I N G Image: Address & Phone B. Coardinated Committee Name Cognments N FO - Imach Add Remove County: S 23, 0 00.420 Imach Add Remove Level Registered (Specify) N FO - Imach Add Remove S 23, 0	Committy	RE TO EFECS	WHONA IKS	he ;			
4. Payce Information Add Remove 5. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments DEESTEWART GROWART GROWART GROWART GROWART RAWAI GA, NC State Municipatity Election Cycle Sum to Date (module city, state, & zip) IMAILIANG State Municipatity Election Cycle Sum to Date (module city, state, & zip) IMA LING State Municipatity Election Cycle Sum to Date (module city, state, & zip) IMAILIANG MAILIANG OTO (2004) \$20,000.40 ICaccount Code g. Form of Payment h. Parpose h. Date (mm/dd/yyyy) j. Afnoant IMAINANCHARTS & Phone include city, state, & zip) b. Coordinated Committee Name Include Comments Include city, state, & zip) b. Coordinated Committee Name Include Comments NCO Include City, state, & zip) b. Coordinated Committee Name Include Comments NCO Include City, state, & zip) b. Coordinated Committee Name Include Comments NCO Include City, state, & zip) include Comments State Municipatity Include Comments IM	3. Type of Disi	bursement <u>(Please use se</u>	parate CRO-1310 forms	for each type of Di	isbursement.)		
2. Full Name, Mailing Address & Phone (include eity, state, & zip) D. Coordinated Committee Name d. Comments DEESTEWART G. ROWART G. ROWART G. ROWART M. Comments RAWLIGH, NC Federal County: State Municipality: S. Election Cycle Sum to Date I. Date (mm/dd/yyyy) I. Ansonat S. Al. (DOUSE) I. Have, Mailing Address & Phone (include city, state, & zip) I. Purpose I. Date (mm/dd/yyyy) I. Payee Information Add Remove S. Coordinated Committee Name (include city, state, & zip) S. Coordinated Committee Name Commove I. Payee Information Add Remove S. Coordinated Committee Name (include city, state, & zip) S. Coordinated Committee Name Commove I. Full Name, Mailing Address & Phone I. Cover Registered (Specify) J. MFO. I. Level Registered (Specify) J. Amount J. Mount I. Have, Information Add Remove S. 2.3, 000 fee I. Account Code E. Form of Payment I. Purpose J. Date (mm/dd/yyyy) J. Amount I. H4 9 S.// ECCH MAILLING S. Coordinated Committee Name G. Comments WBO TEN GRA			tions to Candidates/Polit			ted Pa	arty Expenditures
(include city, state, & zip) DEESTEWART GROW C. Level Registered (Specify) POLIFICAL MAILING DECSTEWART GROW C. Level Registered (Specify) Polification County: Polification Polification C. Level Registered (Specify) Polification C. Level Registered (Specify) Polification Polificat			L			Y	
DEEESTEWART GROW CLevel Registered (Specify) MAILIA G RALLIA GA, NC State Municipality: e. Election Cycle Sum to Date I Account Code g. Form of Payment h. Purpose i. Date (mm/dd/9777) i. Advount: I/H9 CILKECH MIAILIN GC OTO 12004 \$ 20,000.40 I. Payee Information Add Remove s A. Payee Information Add Remove s I. Rell Name, Mailing Address & Phone b. Coordinated Committee Name d. Cognments (include city, stat. & zip) DEE S TEWART & ROCH b. Coordinated Committee Name d. Cognments DEE S TEWART GROCH State b. Coordinated Committee Name d. Cognments (include city, stat. & zip) DEE S TEWART GROCH State MAILIA Address & Phone I Accent Code g. Form of Payment b. Purpose i. Date (mm/dd/9777) j. Amfunt I H49 CILECH MAILIN Address & Phone s. Date (mm/dd/9777) j. Amfunt I H49 CILECH MAILIN Address & Phone s. Date (mm/dd/9777) j. Amfunt I H49 CILECH MAILIN Address & Phone <		•		b. Coordinated C	Committee Name		
$R_{4} \cup \mathcal{E}_{1} \in \mathcal{E}_{1}$ $S_{4} \cup \mathcal{E}_{1}$ $S_{4} \cup \mathcal{E}_{2}$ $S_{4} \cup \mathcal{E}_{4}$ $S_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4}$ $S_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4}$ $S_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4} \cup \mathcal{E}_{4}$ $S_{4} \cup \mathcal{E}_{4} \cup E$	DEE	STEWART O	ko up	1		1	AFILIN 6
I. Account Code g. Form of Payment h. Purpose h. Date (mm/dd/yyyy) j. Admount //49 C/KECA M/1 L / N G 070/2004 \$20,000. \$20,000. I. Payce Information Add Remove \$20,000. \$20,000. I. Federal 0. Coordinated Committee Name \$0,007,0004. \$20,000. \$20,000. I. Date (mm/dd/yyyy) i. Amount \$23,000. \$20,000. \$23,000. \$20,000. I. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) i. Amount //149 C/HECH MAILLING OD01/2004 \$2,000. \$ I. Payce Information Add Remove \$ \$2,000. \$ I. Payce Information Add Remove \$ \$ \$ \$	Rocke	GR, NC				c. El	ection Cycle Sum to Date
///49 C//ECM MAILING 070/2004 \$20,000.44 4. Payee Information Add Remove 2. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Cogneents (include city, state, & zip) b. Coordinated Committee Name 0.2577 CALL DEE S FEW ART G. ROUP . Level Registered (Specify) NFO. RALE/GA, NC State Municipality: e. Election Cycle Sum to Date I Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) i. Andount //H9 c//ECM MAILING OD0/2004/ \$2,000.44 4. Payee Information Add Remove s 2. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) MAILING OD0/2004//s \$2,000.45 WBO NEN GRAP/InCS b. Coordinated Committee Name d. Comments s WEL ONE, NC State Municipality: e. Election Cycle Sum to Date WEL ONE, NC S S/4.69 S S/4.69 MEL ONE, NC Level Registered (Specify) i. Amount			1		1: D. 4. (
4. Payce Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Cogments (include city, state, & zip) DEE S New ART G ROCAP c. Level Registered (Specify) MAPLING DEE S New ART G ROCAP c. Level Registered (Specify) MAPLING MAPLING CACCOUNT Code S State Municipality: e. Election Cycle Sum to Date C. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amfount 1/49 C/HECH MAILLING ODOI JOO4 \$ 2,000.4 S S S S S 4. Payce Information Add Remove S 4. Full Name, Malling Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) C. Level Registered (Specify) S WBO NEN GRAPIHICS c. Level Registered (Specify) S DPA WER 8/9 State Municipality: e. Election Cycle Sum to Date WEL OME, NC S 3/4.65 S S 3/4.65 CAccount Code g. Form of Payment h. Purpose i. Date		g. Form of Payment		<u> </u>			
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Cognments DEE SPEWART OROG C. Level Registered (Specify) MA121NC DEE SPEWART OROG c. Level Registered (Specify) NFO. AACCOUNT Code g. Form of Payment h. Purpose i. Date (mm/dd/1977) C Account Code g. Form of Payment h. Purpose i. Date (mm/dd/1977) j. Amount 1/49 C/HECH MA121NC S 2.000 A s S 2.000 A S 4. Payce Information Add Remove s 2. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments UDO NEN GRAPINES c. Level Registered (Specify) s S WEL ONGE, NC S S S 74.69 WEL ONGE, NC S S S 74.69 C. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/19797) JAGO NER, NC S S S 74.69 WEL ONNE, NC S S 74.69 S C. Account Code g. Form of Payment h. Purpose i. Da	/149	CIFECH	MAILIN	G-	070/200	4	\$20,000.
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Cognments DEE SPEWART OROG C. Level Registered (Specify) MA121NC DEE SPEWART OROG c. Level Registered (Specify) NFO. AACCOUNT Code g. Form of Payment h. Purpose i. Date (mm/dd/1977) C Account Code g. Form of Payment h. Purpose i. Date (mm/dd/1977) j. Amount 1/49 C/HECH MA121NC S 2.000 A s S 2.000 A S 4. Payce Information Add Remove s 2. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments UDO NEN GRAPINES c. Level Registered (Specify) s S WEL ONGE, NC S S S 74.69 WEL ONGE, NC S S S 74.69 C. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/19797) JAGO NER, NC S S S 74.69 WEL ONNE, NC S S 74.69 S C. Account Code g. Form of Payment h. Purpose i. Da					<u> </u>		\$
(include city, state, & zip) Image: Construction of Payment						(<u> </u>	
DEE 3 FEGUMAN GROMAN		•		b. Coordinated C	ommittee Name	d. Comments	
Image: Solution of Payment L. Purpose L. Date (mm/dd/yyyy) J. Amount Image: Account Code g. Form of Payment L. Purpose L. Date (mm/dd/yyyy) J. Amount Image: Image: Address & Phone Image: Address & Phone Image: Address & Phone S Image: Image: Address & Phone D. Coordinated Committee Name A. Comments Image: Image: Image: Address & Phone D. Coordinated Committee Name A. Comments Image: Ima	DEE S	PEWART OF	Rouf	Federal	County:		cection Cycle Sum to Date
1/49 c/tEch MAILING 0D012004 \$ 2,000.4 4. Payce Information Add Remove 2. Full Name, Mailing Address & Phone b. Coordinated Committee Name 4. Comments (include city, state, & zip) b. Coordinated Committee Name 4. Comments Woo NEN GRAPIHCS c. Level Registered (Specify) 6. County: DRA WER 819 Federal County: WEL COME, NC State Municipality: e. Election Cycle Sum to Date State \$ 874.69 I/49 CHECK S/GNS 22X28 DO12004 \$ 8394.69 5. Total only this Page S S S S	WACK					\$	23,0000
4. Payee Information Add Remove 2. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) WEL COME, NC S \$974.69 C. Account Code g. Form of Payment h. Purpose II 49 CHECK S 16 NS J2XJ8 D1012004 S 5. Total only this Page S S S S	f. Account Code	g. Form of Payment	h. Purpose			<u> </u>	-
4. Payee Information Add Remove 2. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) Woo NEN GRAPIHCS c. Level Registered (Specify) c. Level Registered (Specify) WEL COME, NC S \$974.69 C. Account Code g. Form of Payment h. Purpose II 49 CHECK S 16 NS J2XJ8 D1012004 S 5. Total only this Page S S S S	1149	cliffeld	MAILIN	6	0701200	74	\$ 2,000,00
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) b. Coordinated Committee Name d. Comments Woo NEN GRAPIHES c. Level Registered (Specify) c. Level Registered (Specify) DRAWER 819 Grad Grad Grad Grad Grad Grad Grad Grad							
(include city, state, & zip) WOONEN ORAPITICS DRAWER 819 WELCOME, NC C. Level Registered (Specify) Federal County: State Municipality: e. Election Cycle Sum to Date Municipality: e. Election Cycle Sum to Date State Municipality: e. Election Cycle Sum to	4. Payee Inform	nation		Add 🗌 Re	move		
WOONEN GRAPINES DRAWER 819 DRAWER 819 State WELCOME, NC C. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount 1149 C.HECK S. Total only this Page				b. Coordinated C	ommittee Name	d. Co	ontracats
WELCOME, NC \$ \$74.69 C.Account Code g. Form of Payment h. Purpose 1149 CHECK \$16 NS \$2228 \$7012004 \$874,69 07012004 \$ \$974,69 5. Total only this Page \$ \$				- · ·			· ·
WEL COME, NC \$ \$74.69 C. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount 1149 CHECK \$16 NS \$2228 \$7012004 \$ \$854,69 5. Total only this Page \$	lunn	EN GRAPIHE	C	c. Level Registere	d (Specify)		
WELCOME, NC \$ \$74.69 C.Account Code g. Form of Payment h. Purpose 1149 CHECK \$16 NS \$2228 \$7012004 \$874,69 07012004 \$ \$974,69 5. Total only this Page \$ \$	200011	en 819		Federal	County:		·• ·
L. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount //49 CHECK S/GNS DDVD S S)4,69 5. Total only this Page S S S S	NRAJ INEL CO	JER OIT		State	Municipality:		
1149 CHECK SIGNS D2X28 07012004 \$ 874,69 5. Total only this Page 5		/		<u> </u>		Č.	
5. Total only this Page 5	f. Account Code	g. Form of Payment	h. Purpose	<u> </u>	i. Date (mm/dd/yyy	<u>y)</u>	
5. Total only this Page S	1149	chkek	SIGNS	22X28	0701200	Ý	s 874,69
					07012000	4	\$
6. Total of ALL CRO-1310 Pages	5. Total only this Page					\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)					s		
(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) CRO-1310 NC State Board of Elections March 2		t line 14c of Detailed Summary			enditures)		March 2003

ş

5

	nents		Pi	g of _	Amendment	No No
I. Committee Full	Name (and Fund if applicat		Nell.		2. ID Number	
(ommu	Name (and Fund if applicat Set 50 E 44 Set 90 Set 9	E COMM	ISSUS M	r R	159H	91
3. Type of Disl	bursement (Please use s	separate CRO-1310 form				
Operating Ex		utions to Candidates/Poli	itical Committees	Coordin	ated Party Expenditu	ires
4. Payee Inform	mation		Add 🗌 Re	move		
a. Full Name, Mai	iling Address & Phone		b. Coordinated C	Committee Name	d. Commeats	
(include city, sta						
1/04	DAARON				4	
2098	HEALY BRI	υĘ	c. Level Registere	cd (Specify)	-	
-	• _		State	Municipality:	e. Election Cycle	Sum to Date
WINSTE	N-SALEM 1	VC2>103			s 43	6.59
		h. Purpose		i. Date (mm/dd/yy		
. Account Code	g. Form of Payment			In Pare (united yy		<u> </u>
1/49	CHRCH	PHOF06	RAPHY	07/3200	<u>4 \$ 45</u>	6,59
					\$	
(Daves Tofa	l	- <u>I</u>	Add Re	move	"L	
4. Payee Inform	nation ling Address & Phone	L	b. Coordinated C		d. Comments	
(include city, sta	•					
			-1		1	1
WIN STON	1-SALEM Jo	URNAL	c. Level Registere	d (Specify)]	1
	× 3159		Federal	County:	L	
		1- 75	State	Municipality:	e. Election Cycle !	Sum to Date
WINSTO	N-SACKM, N	1 ~ 2 7/02				8.16
Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy		
14 14 0	01			k .	1.15-1	010
<u></u>	Clifeck	NEWSPAPE	RADV.	07/320	04 5/56	0.16
][#9	CINECH	NEWSPAPER	e Apv.	07/320	04 \$/56 \$	0.16
		NEWSPAPE		07/320		0,76
l. Payee Inform		NEWSPAPE		nove		0.76
4. Payee Inform	nation ling Address & Phone	NE WS PAPE] Add 🗌 Re	nove	s	0.76
I. Payce Inform I. Full Name, Mail (include city, sta	nation ling Address & Phone	NEWSPAPE	Add DRe	move paramettee Name	s	0.76
4. Payce Inform Full Name, Mail	nation ling Address & Phone	NEWSPAPE	Add Ren b. Coordinated C c. Level Registere	move ommittee Name d (Specify)	s	0.76
I. Payce Inform I. Full Name, Mail (include city, sta	nation ling Address & Phone	NEWSPAPE	Add Ren b. Coordinated C c. Level Registere Federal	move paramittee Name d (Specify)	d. Comments	
. Payee Inform Full Name, Mail (include city, sta	nation ling Address & Phone	NE WS PAPE	Add Ren b. Coordinated C c. Level Registere	move ommittee Name d (Specify)	d. Comments e. Election Cycle S	
. Payee Inform Full Name, Mail (include city, sta	nation ling Address & Phone	NEWSPAPE	Add Ren b. Coordinated C c. Level Registere Federal	move paramittee Name d (Specify)	d. Comments	
I. Payee Inform Full Name, Mail (include city, sta (1)	nation ling Address & Phone	h. Purpose	Add Ren b. Coordinated C c. Level Registere Federal	move paramittee Name d (Specify)	d. Comments c. Election Cycle S	
I. Payee Inform Full Name, Mail (include city, sta (1)	nation ling Address & Phone te, & zip)		Add Ren b. Coordinated C c. Level Registere Federal	nove ommittee Name d (Specify) County: Municipality:	d. Comments e. Election Cycle S S yy) j. Amount	
I. Payee Inform Full Name, Mail (include city, sta (1)	nation ling Address & Phone te, & zip)		Add Ren b. Coordinated C c. Level Registere Federal	nove ommittee Name d (Specify) County: Municipality:	d. Comments c. Election Cycle S	
4. Payce Inform I. Full Name, Mail (include city, sta	nation ling Address & Phone te, & zip)		Add Ren b. Coordinated C c. Level Registere Federal	nove ommittee Name d (Specify) County: Municipality:	d. Comments e. Election Cycle S S yy) j. Amount	
L. Payce Inform Full Name, Mail (include city, sta (1)	nation ling Address & Phone te, & zip) g. Form of Payment		Add Ren b. Coordinated C c. Level Registere Federal	nove ommittee Name d (Specify) County: Municipality:	d. Comments d. Comments e. Election Cycle S S yy) j. Amount S	
4. Payce Inform 1. Full Name, Mail (include city, sta (/) 2. Account Code 5. Total only	nation ling Address & Phone te, & zip) g. Form of Payment this Page	h. Purpose	Add Ren b. Coordinated C c. Level Registere Federal	nove ommittee Name d (Specify) County: Municipality:	d. Comments d. Comments e. Election Cycle S S yy) j. Amount S S	
4. Payee Inform 1. Full Name, Mail (include city, sta (/) 3. Account Code 5. Total only 5. Total of A	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page	h. Purpose	Add Re: b. Coordinated C c. Level Registere Federal State	nove ommittee Name d (Specify) County: Municipality:	d. Comments d. Comments e. Election Cycle S S yy) j. Amount S S S	
L. Payce Inform Full Name, Mail (include city, sta (/) Account Code 5. Total only 5. Total of A (This line goes in	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page line 14a of Detailed Summa	h. Purpose	Add Re: b. Coordinated C c. Level Registere Federal State	nove ommittee Name d (Specify) County: Municipality: i. Date (mm/dd/yy)	d. Comments d. Comments e. Election Cycle S S yy) j. Amount S S	
4. Payee Inform I. Full Name, Mail (include city, sta (1) C. Account Code 5. Total only 5. Total of A (This line goes in (This line goes in	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page line 14a of Detailed Summary time 14b of Detailed Summary	h. Purpose CS ry Page CRO-1100 if Op ry Page CRO-1100 if Co	Add Ren b. Coordinated C c. Level Registere Federal State State	nove maittee Name d (Specify) County: Municipality: i. Date (mm/dd/yy) Political Comm)	d. Comments d. Comments e. Election Cycle S S yy) j. Amount S S S	
4. Payee Inform L. Full Name, Mail (include city, sta (/) C. Account Code 5. Total only 6. Total of A (This line goes in (This line goes in	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page line 14a of Detailed Summar time 14b of Detailed Summar	h. Purpose h. Purpose es ry Page CRO-1100 if Op ry Page CRO-1100 if Co ry Page CRO-1100 if Co ry Page CRO-1100 if Co	Add Re: b. Coordinated C c. Level Registere Federal State State Derating Expenses) ontrib to Candidates/ pordinated Party Exp pard of Elections	nove maittee Name d (Specify) County: Municipality: i. Date (mm/dd/yy; i. Date (mm/dd/yy; count) enditures)	d. Comments d. Comments c. Election Cycle S S yy) j. Amount S S S S S	Sum to Date
4. Payee Inform I. Full Name, Mail (include city, sta (/) C. Account Code 5. Total only 6. Total of A (This line goes in (This line goes in	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page line 14a of Detailed Summar time 14b of Detailed Summar	h. Purpose h. Purpose es ry Page CRO-1100 if Op ry Page CRO-1100 if Co ry Page CRO-1100 if Co ry Page CRO-1100 if Co	Add Re: b. Coordinated C c. Level Registere Federal State State Derating Expenses) ontrib to Candidates/ pordinated Party Exp pard of Elections	nove maittee Name d (Specify) County: Municipality: i. Date (mm/dd/yy; i. Date (mm/dd/yy; count) enditures)	d. Comments d. Comments c. Election Cycle S S yy) j. Amount S S S S S	Sum to Date
4. Payee Inform I. Full Name, Mail (include city, sta (/) C. Account Code 5. Total only 6. Total of A (This line goes in (This line goes in	nation ling Address & Phone te, & zip) g. Form of Payment this Page LL CRO-1310 Page line 14a of Detailed Summary time 14b of Detailed Summary	h. Purpose h. Purpose es ry Page CRO-1100 if Op ry Page CRO-1100 if Co ry Page CRO-1100 if Co ry Page CRO-1100 if Co	Add Re: b. Coordinated C c. Level Registere Federal State State Derating Expenses) ontrib to Candidates/ pordinated Party Exp pard of Elections	nove maittee Name d (Specify) County: Municipality: i. Date (mm/dd/yy; i. Date (mm/dd/yy; count) enditures)	d. Comments d. Comments c. Election Cycle S S yy) j. Amount S S S S S	Sum to Date

Loan Proceeds			Pg	of	Amendment
1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMATER TO ELECT W COUNTY COMMISS	AN	ENEA	er		1541491
3. Lender Information		Add	Remove		19/1/1/
a. Full Name, Mailing Address & Phone		b. Job Title/F			d. Comments
(include city, state, & zip)					
12 HEATE WHERE	de	BUSIN	ESSALAN)	e. Start Date (mm/dd/yyyy)
With the interest	9	c. Employer's	Name/Specific	Field	ATAL DOOL
PSB40					6. End Date (mm/dd/yyyy)
WILLAM HEATH WANTEREA PSB40 LEWISVILLE, NE 27023	2	SELF	Empior	ED	OPEN
g. Rate h. Security Pledged i.	. Accour	nt Code	j. Form of Payn	ient	k. Amount
%					\$22.420.
I. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			····		
a. Full Name, Mailing Address & Phone	Ī	b. Job Title/P	rofession	c. E	mployer's Name/Specific Field
(include city, state, & zip)					
	Ŀ	d. Percentage		c. A	mount
			•	% s	
. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. E	mployer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage			mount
		a. reiteutage		% \$	
. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. E	mployer's Name/Specific Field
(include city, state, & zip)					
		1. Percentage		c. A	mount
			9	% S	
. Full Name, Mailing Address & Phone	ı	b. Job Title/P	ofession	c. E	mployer's Name/Specific Field
(include city, state, & zip)	[
	l l	1. Percentage			mount
				6 \$	1
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-110	10)				S
والمترابق التفاقي والمحمد فالمحمد والمتحمة فتتقد والمحمد والمتحم والمحمد والمحمد والمحمد والمحمد والمحمد والمح		of Elections		÷	March 2

т ,

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;
COMPTTEE TO ELECT WHITE MEART COUNTY COMPOSSIONER
Person lending money to committee (Lender):
WILLIAM DEATH WHITE HEART
• Date of loan to committee: $\frac{7/6}{4} = \frac{4}{19900} \frac{29}{7/13} = \frac{4}{7500} \frac{29}{7/14} \frac{4}{7200}$.
Name of lending institution and account number (source):
• Amount of Ioan: # 22, 420 ===
Names of all parties responsible for payment of loan (guarantors):
• Period of Ioan: OPEN TO CALL
Rate of interest of loan: <u>ZERO</u>
Security pledged for loan: Now
acknowledge that all of the information
I,, 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.
1 11 1 A A

WH WIS Signature of Lender

Signature of Treasurer of Committee

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

Loan Proceeds Statement

Outsta	nding Loans	Pg	Amendment
	-	•	2. ID Number
Com	e Full Name (and Fund if applicable) MATTER 78 ELECT WH COUNTY (8)	HERE ARY	
	COUNTY (6,	MISSIONER	15Y #91
3. Lender	Information	Add Remove	
	, Mailing Address & Phone	b. Job Title/Profession	d. Comments
	ty, state, & zip)	_	
Duc	IN HEATH WANEHEAST	BUSINESSMA	e. Start Date (mm/dd/yyyy)
0010		c. Employer's Name/Specific F	
Pal	840	er Employer 5 rame/Specific 1	050/2004
- •			f. End Date (mm/dd/yyyy)
LEW	840 Istice, NC 27023	SSCF EMPLOY	6D OPEN
. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	
		*	5/0,072.38
, Full Name	of Lending Institution		l. Loan Number
[and ar]	Information	Add Remove	
	, Mailing Address & Phone	b. Job Title/Profession	d. Comments
-	y, state, & zip)		
		-	
			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Fi	eld
			f. End Date (mm/dd/yyyy)
, Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		S	S
. Full Name	of Lending Institution	· ·	l. Loan Number
	Information	Add 🗌 Remove	
	Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city	y, state, & zip)	· ·	
			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Fi	
			f. End Date (mm/dd/yyyy)
		1	
Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	• •		S
		\$	
. Full Name	of Lending Institution		1. Loan Number
. Total o	only this Page	·····	S
5. Total of ALL CRO-1430 Pages			
	ust be on line 21 of Detailed Summary Page CRO-1100)		\$
CRO-1430		rd of Elections	March 2

4 8 8 **8**