



COPY

NC STATE BOARD OF ELECTIONS
c/o Jacqueline Kannan, Campaign Finance Office
PO BOX 27255
RALEIGH, NC 27611

Dear State Board of Elections,

As treasurer of the East Ward PAC in Forsyth County I am writing to you about discrepancies in our 2004 Third Quarter Plus Report. We received a coordinated party contribution in the amount of \$3000 that was distributed to 28 poll workers on July 20, 2004. These poll workers were paid in cash (see attached report).

East Ward PAC is now aware of the NC General Statute which state no expenditures over the amount of \$50 can be made in cash payments. We apologize for any inconvenience.

Sincerely,

Albert T. Porter, Jr.
East Ward PAC

Cc: Ms. Judy Speas
Forsyth County Board of Elections

RECEIVED

2005 MAR 21 AM 9:43

FORSYTH COUNTY
BOARD OF ELECTIONS

Disclosure Report Cover

MAR 17 2005

MAR 14 2005

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

EAST IVARD POLITICAL ACTION COMMITTEE

c. ID Number

b. Mailing Address (include)

ALBERT T. PORTER, JR.
 1228 DUBLIN DR.
 WINSTON SALEM, NC 27101

d. Date Filed

e. Phone Number

2. Report Year

2004

3. Period Start Date (mm/dd/yyyy)

7/1/04

4. Period End Date (mm/dd/yyyy)

10/10/04

Mr. Albert T. Porter JR.
 1228 Dublin Dr
 Winston Salem, NC 27101-1619

6. Type of Committee (Check one)

- ☐ Candidate Campaign
☐ Joint Fundraiser
☐ Referendum
☐ Party
☒ PAC

8. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First Plus
☐ Second
☒ Third Plus
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

7. Type of Fund (if applicable, check one)

- ☐ Soft Money Account
☐ "Booster Fund"
☐ Building Fund
☐ NC Political Party Financing Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund
☐ Other:

9. Special Report Name

10. Account Information

a. Financial Institution Full Name

MECHANICS & FARMERS BANK

10. Account Information

a. Financial Institution Full Name

b. Purpose

c. Code

b. Purpose

c. Code

d. Period Begin Balance

\$1,000.00

d. Period Begin Balance

\$

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.

Albert T. Porter JR.

Printed Name of Signer

Albert T. Porter JR.

Signature of Appointed Treasurer

10/25/04
 10/19/04
 Date

FOR OFFICE USE ONLY

Date Received:

10-25-04

Employee:

Judy Spears

Date Postmarked:

Employee:

Date Scanned:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Detailed Summary

Amendment	
☐ Yes	☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
EAST WARD POLITICAL ACTION COMMITTEE		3RD QTR.			
Start of Election Cycle: January 1, 2004		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,000.00		\$	
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)		\$ 3,000.00		\$ 3,000.00	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 3,000.00		\$ 3,000.00	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$		\$	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$ 3,000.00		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 3,000.00		\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1,000.00		\$	
ADDITIONAL INFORMATION					
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		\$		\$	

Contributions from Other Political Committees

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EAST WARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEL VATT FOR CONGRESS P.O. BOX 30871 36831 Charlotte, N.C. 28231			b. Type of Committee ☒ Candidate ☐ PAC ☐ Referendum		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Cycle Sum to Date \$ 3,000.00		
f. Account Code 5103	g. Form of Payment CHECK	h. In-Kind Description	i. Date (mm/dd/yyyy) 7/17/04	j. Amount \$ 3,000.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 3,000.00	

Disbursements

Pg 1 of 10 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Shedrick K ADAMS 191 D. Greyhound Ct. W-S, N.C. 27101 725-6881		b. Coordinated Committee Name MEL WATT		d. Comments	
		c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	ROVER	7/20/04	\$ 165.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DARRYI PRINCE 1253 Reynolds Forrest DR. W-S, N.C. 27107 650-4795		b. Coordinated Committee Name MEL WATT		d. Comments	
		c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	ROVER	7/20/04	\$ 165.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) TIM ROBERTS 3341 CUMBERLAND RD. W-S, N.C. 27105 767-7746		b. Coordinated Committee Name MEL WATT		d. Comments	
		c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	ROVER	7/20/04	\$ 165.00	
5. Total only this Page				\$ 495.00	
6. Total of ALL CRO-1310 Pages <i>(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)</i>				\$	

Disbursements

Pg 2 of 10 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES SIMS 1130 CYPRESS CIRCLE W-S, N.C. 27106 577-9031			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		
					e. Election Cycle Sum to Date \$ 165.00
f. Account Code	g. Form of Payment CASH	h. Purpose ROYER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 165.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALICE WOOD 4119 CARVER School Rd. CITY, 27105 997-3773 W-S, N.C.			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		
					e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MAURICE JACKSON 4138 CARNATION DR. W-S, N.C. 27105 767-0642			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		
					e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
5. Total only this Page				\$ 315.00	
6. Total of ALL CRO-1310 Pages <i>(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)</i>				\$	

Disbursements

Pg 3 of 10 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EAST YARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGIA TEAL 826 MORSINE ST. 784-5453 W-S, N.C. 27107			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ETHEL EVANS 1626 W. 1ST ST. APT. 134 W-S, N.C. 27104 829-7288			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GIVEN STEWART 1468 E. SEDGEFIELD DR. W-S, N.C. 27107 788-4371			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy)	j. Amount \$ 75.00	
5. Total only this Page				\$ 225.00	
6. Total of ALL CRO-1310 Pages <i>(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)</i>				\$	

Disbursements

Amendment
Pg 4 of 10 ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRENDA COLTER 4058 NORTHAMPTON DR. W-S, N.C. 27105 366-1102			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JACKIE BARBER 2411 N. PATTERSON AVE. W-S, N.C. 27105 725-6203			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON HINES 1441 Turfwood dr. PFAFFTOWN, N.C. 27040 924-1015			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
5. Total only this Page					\$ 225.00
6. Total of ALL CRO-1310 Pages <i>(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)</i>					\$

Disbursements

Pg 5 of 10 ☐ Yes ☐ No

Amendment

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EASTIVARD POLITICAL ACTION COMMITTEE					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
BRANDON JOHNSON 2411 N. PATTERSON AVE. W-S, N.C. 27105 725-6203			MEL WATT		
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			☐ Federal ☐ County ☐ State ☐ Municipality		\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7/20/04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
EDWARD N. THOMPSON 4201 STONEWALL ST. W-S, N.C. 27105			MEL WATT		
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			☐ Federal ☐ County ☐ State ☐ Municipality		\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7/20/04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
MARTHA JONES 1716 THURMOND ST. W-S, N.C. 27105 724-7689			MEL WATT		
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			☐ Federal ☐ County ☐ State ☐ Municipality		\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER		\$ 75.00	
5. Total only this Page					\$ 225.00
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)					

Disbursements

Amendment
Pg 6 of 10 ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MILDRED ASHBY 3916 OAKRIDGE DR. W-S, N.C. 27105 767-9358			b. Coordinated Committee Name MEL WATT c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JANICE DEGRAFFINREADT 310 D. WOODLAND AVE. W-S, N.C. 27101			b. Coordinated Committee Name MEL WATT c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) TIFFANY PANKEY 1425 BETHLEHEM LN. W-S, N.C. 27101			b. Coordinated Committee Name MEL WATT c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment CASH	h. Purpose POLLWORKER	i. Date (mm/dd/yyyy) 7/20/04	j. Amount \$ 75.00	
5. Total only this Page				\$ 225.00	
6. Total of ALL CRO-1310 Pages <i>(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)</i>				\$	

Disbursements

Pg 7 of 10 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARSHA FULLER 1720 PLEASANT ST. W-5, N.C. 27107			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7-20-04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LUVENIA CAMPBELL 1341 FREE ST. W-5, N.C. 27107			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7-20-04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) AERIC ADAMS 195C GREYHOUND CT. W-5, N.C. 27101 613-8802			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7-20-04	\$ 75.00	
5. Total only this Page				\$ 225.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$	

Disbursements

Pg 8 of 10

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE					2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALONZO Lighty 408 LAKEVIEW BLVD. W-S, N.C. 27105 728-3629			b. Coordinated Committee Name MEL WATT		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER		7-20-04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GLORIA LOVERY 1445 ADDISON AVE. W-S, N.C. 27105 724-9853			b. Coordinated Committee Name MEL WATT		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER		7-20-04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) IMOGENE PITTS 1216 NOWLIN ST. W-S, N.C. 27107			b. Coordinated Committee Name MEL WATT		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER		7/20/04	\$ 75.00	
5. Total only this Page					\$ 225.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$	

Disbursements

Pg 4 of 10 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Billy Pankey 1461 E. SEDGEFIELD DR. W-S, N.C. 27107 287-8260			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7/20/04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lonnie SLADE 321 BAENT VIEW CT. W-S, N.C. 27103 995-0746			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	POLLWORKER	7/20/04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BoJangles' 3300 N. PATTERSON AVE. W-S, N.C. 27105 724-2556			b. Coordinated Committee Name MEL WATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality:		e. Election Cycle Sum to Date
					\$ 63.88
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	Food	7/20/04	\$ 63.88	
5. Total only this Page				\$ 213.88	
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)				\$	

Disbursements

Amendment
Pg 10 of 10 ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) EASTIVARD POLITICAL ACTION COMMITTEE				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALBERT T. PORTER, JR. 1228 DUBLIN DR. WINSTON SALEM, NC 27101 777-6238			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$ 551.12
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	COORDINATOR	7/20/04	\$ 551.12	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALEXIA TEAL 1715 LONGVIEW DR. W-5, N.C. 27107			b. Coordinated Committee Name MEL IVATT		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	CASH	Pollworker	7/20/04	\$ 75.00	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality		e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
5. Total only this Page				\$ 626.12	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 3,000.00	