

Amendment Yes INO

## **Disclosure Report Cover**

Please note that	this cover sheet c	annot be used	to amend com	nittee	nformation s	uch as the c	ommittee address, treasurer,
You mus	+ and and the State	ment of Organ	nization (CRO-2 n form (CRO-10	2100A-	E) to make u	IOSC KINGS O	f committee changes.
1. Committee In	the second s	uie Augendull					
1. Committee In a. Full Name	liormation		<u>11 11 11 11 11 11 11 11 11 11 11 11 11</u>	<u> </u>			c. ID Number
Robinson Com	mittee						N1Y803
	(include City, State	and Zip Code)					d. Date Filed
· · · · · · · · · · · · · · · · · · ·	(include city, but						
P.O. Box 272 Winston-Salem	n, 27101						e. Phone Number
						_	336-768-3567
2. Report Year	3. Period Start Date	(mm/dd/yyyy)	4. Period End	Date (m	m/dd/yyyy)	5. Treasurer	Full Name
<u></u>	09/13/2005		10/24/2005			Vernon Ro	binson
6. Type of Commit		8.	Type of Report	(ch	eck only one typ	e of report from	m one category)
6. Type of Comune			funicipal		State/County		Referendum
Joint Fundraise	· · =	ר	Organizational		Organizat	ional	Organizational Pre-referendum
Referendum		0	Thirty-five day		Quarterly	N	Final
7. Type of Fund	(if applicable, o		Pre-primary		. —	Plus	Supplemental Final
Soft Money A	count	12	Pre-election			d Plus	Annual
Booster Fund	11	Į	Pre-runoff		Fou		Special
Building Fund		l.	Semi-annual Mid Year	-	Semi-ann		
NC Political P	arty Financing Fund	to Fund	Year End			Year	9. Special Report Name
	ection Year Candidat		Final		T Yea	r End	
	mpaign Financing Fur		Special		Final		
Other:		ľ			Special		
10. Account In	formation			<u>10. Ac</u>	count Infor	nation	
a. Financial Institu				a. Finai	cial Institution	Fuil Name	
BB&T							
b. Purpose		c. Code		b. Purp	ose		c. Code
		1					
			Dalamas				d. Period Begin Balance
		d. Period Begin	Baiance				s
		\$ 3,482.45	5				3
CERTIFICAT	TION		with all mayin	ionstat	Article 224	including th	hat no funds are commingled
I certify that t with funds fo	the Committee is r a federal or out-	of-state PAC.	I further say th	at this	report is	plete, true	and correct.
			1/4	мЛ		ι (	10/31/2005
Vernon Ro				mature c	f Appointed Tre	asurer	Date
	Printed Name of Sign	ler			- opposited to		
FOR OFFICE	USE ONLY					Г	elivery Method
Date Recei	ved: <u>10</u>	-31-200	5 Emplo	yee:	Judy 7	لا مصح	Normal Mail
Date Postn	narked:		Emplo	yee:		Ľ	Registered Mail Hand Delivered
Date Scann	ned: 6C	• <del>1 Hd ]</del> 8					Electronically Filed
CRO-1000			NC State Boa	ard of El	ections		March 200
		MICETIA INCONI					

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Detailed Summary					idment Yes 🔽 No
	2. Type of Rep	ort	3. 11	) Num	ber
Committee Fun Name (and Fund in approactor)	2. Type of Kep Pre-Electio	N1	Y803	3	
obinson Committee		Total this	T	Total this	
tart of Election Cycle: January 1,		Re	porting Period		Election Cycle
4) Cash on Hand at Start		\$	3,482.45	\$	<b>SPC</b>
RECEIPTS			0.404.00		2 276 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	3,121.00		3,376.0
6) Contributions from Individuals	(CRO-1210)	\$	8,150.00	+	14,850.0
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	103.33		103.3
9) Loan Proceeds	(CRO-1410)	\$		\$	
(0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
1) 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)		\$	11,373.3	3 \$	18,329
EXPENDITURES					
14) Disbursements	(CRO-1310)	) 	<u>_</u> ,,	_	
14a) Operating Expenditures	(CRO-1310)		9,920.2		13,392
14b) Contributions to Candidates/Political Committee	es (CRO-1310)	) \$		\$	
14c) Coordinated Party Expenditures	(CRO-1310)	) \$		\$	
15) Loan Repayments	(CRO-1420	)\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320	» <b>\$</b>		\$	
17) In-Kind Contributions	(CRO-1510	) \$	103.3	33 \$	103
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$	9,833.	58 \$	13,306
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$	5,213.	20 \$	5,213
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-133)				
21) Outstanding Loans (incl. ones from other campaign					
22) Debts and Obligations owed By the Committee	(CRO-161				
23) Debts and Obligations owed To the Committee	(CRO-162	0) \$			
24) Account Transfers Within the Committee	(CRO-172	0) \$			
25) Administrative Support	(CRO-171	0) \$			\$
26) Forgiven Loans	(CRO-144	0) \$		_+	\$
27) 48-Hour Notice Reports Sum		\$			\$March

					Amendment	0404 <b>04</b> 040
<b>Contributions from Other Political Committees</b>	Pg	1	of	1	Yes	

.

No

	( ) The 3 10 11 1-1	a)		_			2. ID N	Number	
	me (and Fund if applicable		N1Y803				803		
Robinson Comn	nittee								
3. Contributor Ir	formation		Add		Ren		d Cor	nments	
a. Full Name, Mailin	g Address & Phone				Commit	Tee PAC	u, Cui		_
(include city, state,					idate endum	L PAC			
Couthorn State	s Police Benevolent	Association				I (Specify)			
1900 Brannan I	Road			eder		County:			
McDonough, G	A 30253-4310		State Municipality				e. Ele	ction Cycle Sum to Date	e
MCDOnough, O			<u> </u>						22
			i				\$		.55
	Eren of Boument	h. In-Kind Description				i. Date (mm/dd/yy)	/y) j	. Amount	
f. Account Code g	. Form of Payment					10/06/2005		\$ 103.	.33
1		Paid for an Ad				10/00/2003		÷	
								\$	ļ
. 1									
_ <u>.</u>								\$	
				_					
3. Contributor I	nformation		Add		Rei		d Co	mments	[
a. Full Name, Mailin					f Comm	PAC	<u> "</u>		1
(include city, state					didate	PAC			
					rendum	d (Specify)	-		
				Fede		County:	4		
				State		Municipality:	e. El	ection Cycle Sum to Da	ite
				State					
							\$		
	The of Barmant	h. In-Kind Description	<u> </u>			i. Date (mm/dd/yy	yyy)	j. Amount	
f. Account Code	g. Form of Payment	<u>u. 10-13100 Deser part</u>						\$	
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								\$	-
				_					
3. Contributor	Information		Ado			emove	1.0		
	ing Address & Phone				of Com		<u>a. C</u>	comments	
(include city, stat			ᆜ님		ndidate	PAC			
			μĻ		ferendum		-		
					ieral	ed (Specify)	-1		
			IH	Sta		Municipality	: e. E	lection Cycle Sum to D	ate
1							\$		
	g. Form of Payment	h. In-Kind Description	<u> </u>	-		i. Date (mm/dd/y	ууу)	j. Amount	
f. Account Code	g, Form of rayment							\$	
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								\$	
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4. Total only	this Page						\$	1(	)3.33
T. Total only	TT ODO 1020 De	<b></b>					\$	1ſ	)3.33
5. Total of A	LL CRO-1230 Pa be on line 8 of Detailed Sun	mary Page CRO-1100)							ch 2003

CRO-1230

,				٤.	mendment	<b></b>
In-Kind Contributions	Pg	1	of <u>1</u>	_ L	Yes	Z No
1. Committee Full Name (and Fund if applicable)					lumber	
Robinson Committee				N1Y	/803	
2. Contributor Information						
b. E. H. Nome Mailing Address & Phone b.	Type of Contrib	utor		c. Con	nments	
(include city, state, & zip)	Individual Candidate					
Southern States Police Benevolent Association	Party					
1900 Brannan Road					ction Cycle S	Sum to Date
McDonough, GA 30253-4310	Referendum Other Receipt	Source			CHUB CYCIC C	
	Other Receipt	300000		\$		103.33
e. Description		f. Date (n	1m/dd/yyy	y) g	;. Fair Mark	
Paid for an Ad in the Winston-Salem Journal		10/06	5/2005		\$	103.33
				†	\$	
					\$	
	dd 🗖 Rei	nove				
	. Type of Contri	butor		c. Co	mments	
(include city, state, & zip)	Individual					
	Candidate					
1 12	PAC					
	Referendum			d. El	ection Cycle	Sum to Date
1	Other Receip	t Source		\$		
		f. Date (	mm/dd/yy	yy)	g. Fair Mar	ket Amount
e. Description					\$	
		1			\$	
					\$	
3. Contributor Information	Add 🗖 Re	move				
T-II Name Mailing Address & Phone	b. Type of Contr	ibutor		c. C	omments	
(include aity state & zin)	<ul> <li>Individual</li> <li>Candidate</li> </ul>					
	Party					
	PAC					- Sum to Doto
	Referendum Other Recei				lection Cyci	e Sum to Date
	Other Recei			\$		
e. Description		f. Date	(mm/dd/y	<u>yyy)</u>	g. Fair Ma	rket Amount
					\$	
					\$	
					\$	
4. Total only this Page				\$		103.33
5. Total of ALL CRO-1510 Pages				\$		103.33
(This line must be on line 17 of Detailed Summary Page CRO-1100)	rd of Elections			<u> </u>		March 2003

Committee I	Full Name (and Fun	d if applicable)			
	Committee				N1Y803
Contribu	tor Information			e. Date (mm/dd/yyyy)	f. Amount
Amend	b. Account Code	c. Form of Payment	d. In-Kind Description		\$ 100.00
Add Remove	1	check		09/22/2005	
Add Remove	1	check		09/23/2005	\$ 100.00
Add Remove	1	check		09/23/2005	\$ 50.00
Add Remove	1	check		09/13/2005	\$ 100.0
Add Remove	1	check		09/16/2005	\$ 100.0
Add Remove	1	check		09/19/2005	\$ 100.0
Add	1	check		09/21/2005	\$ 100.0
Add	1	check		09/26/2005	\$ 50.0
Add	1	check		09/26/2005	\$ 50.0
Add	1	check		09/27/2005	<b>\$</b> 25.0
Add	1	check		09/27/2005	\$ 50.0
Remove Add	1	check		09/26/2005	5 \$ 20.0
Remove Add	1	<u>                                      </u>		09/27/2005	5 \$ 100.
Add	1	check		09/28/2005	5 \$ 25.
Remove Add	1	check		09/28/200	5 \$ 50.0
Remove Add	1	check		10/05/2005	5 \$ 100
Remove Add		check	<	10/04/200	5 <b>\$ 9</b> 9.
Add	 		<	10/04/200	5 \$ 99.
Add		1 chec		10/08/200	5 \$ 50.
Remove Add	<u> </u>	1 checl	<u>                                      </u>	10/08/200	5 \$ 65
Remove Add	·	1 chec		10/08/200	5 \$ .99
Remove Add	·	1 chec	<u></u>	10/08/200	99 \$
Remove	: <u> </u>			10/03/200	05 \$ 50
Remov	only this Pag		<u> </u>		\$ 1,681

NC State Board of Elections

March 2003

Amendment

Aggregated Contributions from Individuals

Page 2 of 3 Yes

✓ No

			2	2. ID Number			
		Full Name (and Fund	d if applicable)				N1Y803
Ro	binson (	Committee					
3. 0		tor Information			e. Date (mm/dd/yyyy	) Ir	Amount
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description		<u> </u>	
E	Add Remove	1	check		10/07/200	15	\$ 100.00
	Add	1	check		10/06/200	5	\$ 50.00
	Remove Add	1	check		10/08/200	)5	\$ 50.00
	Remove Add	1	check		10/03/200	)5	\$ 100.00
	Remove Add	1	check		10/07/200	5	\$ 50.00
	Remove Add	1	check		10/08/200	25	\$ 100.00
	l Remove J Add	1	check		10/08/20	06	\$ 100.00
	Remove Add	1	check		10/05/200	05	\$ 25.00
	Remove Add	1	check		10/07/200	35	\$ 50.00
	Remove Add	1	check	<u> </u>	10/04/20	05	\$ 25.00
E	Remove Add				10/03/20	05	\$ 50.00
	Remove Add	<u>                                      </u>	check		10/03/20	105	\$ 100.00
Ē	Remove	1	check		10/04/20		\$ 50.00
F	Remove Add	1	check		09/27/20	-+	\$ 50.00
F	Remove		check		09/30/20		\$ 20.00
F	Remove Add			<u> </u>	09/29/20		\$ 75.00
Ę	Remove				09/30/20		\$ 10.00
Ę	Remove Add				10/01/20		\$ 10.00
E	Add Remove Add				09/30/20		\$ 50.00
Ē	Remove				09/30/20		\$ 20.00
Ľ	Add Remove	, 1	. <u></u>	_ <u></u>		<u> </u>	\$ 20.00
	Add Remove	1	chec	ж 	09/30/20		
E	Add Remove	•	1 chec	*	10/01/2		
	Add Remove		1 chec	:k	10/02/2	-	\$ 50.00
4	. Total	only this Page	e			\$	1,130.00
5	. Total	of ALL CRO	-1205 Pages			\$	
1	(This line	must be on line 5 of .	Detailed Summary Page	CRO-1100) .			March 200

CRO-1205

NC State Board of Elections

March 2003

Aggregated Contributions	from	Individuals
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				{/ L.L.
Page	3	of	3	Tes Yes

Amendment

🖌 No

					2. ID	Number
		Full Name (and Fun	d if applicable)			N1Y803
Ro	binson (	Committee				
3. (	ontribu	tor Information		d In-Kind Description e. Date (mm/dd/y		. Amount
	mend	b. Account Code	c. Form of Payment			
	Add	1	check	09/30/2	2005	\$ 50.00
	Remove Add	1	check	10/19/2	2005	\$ 50.00
	Remove Add	1	check	10/17/2	2005	\$ 100.00
	Remove Add	1	check	10/05/2	2005	\$ 50.00
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5	Total	of ALL CRC	)-1205 Pages		\$	3,121.0
ľ	athin time	must be on line 5 al	f Detailed Summary Page	CRO-1100)		March 20

CRO-1205

Pg	1	of	4
*6		-	

Amendment ✓ No 🔲 Yes

Contri	ibutions fro	om Individua	s			Pg 1	of <u>4</u>		Yes	✓ No
		Fund if applicable)						2. ID	Number	
	n Committee	TABR II approapro/				_		N1)	(803	
				Add		Remo	ve	<u> </u>		
3. Contri	ibutor Informat ne, Mailing Addres	tion		b. Job Ti				d. Co	mments	
	ne, Mainng Addres city, state, & zip)			Co-Ow	ner					
Bruce H				c. Emplo	ver's	Name	Specific Field	-		
214 Ros	siyn Road	404		Hubba				]	dia Carl	e Sum to Date
Winston	-Salem, NC 27	104		110000		,			ction Cych	
								\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j	Date (mm/dd/y	ууу)	k. Amount	
		check					09/13/2	2005	\$	1,000.00
									\$	
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	ributor Informa me, Mailing Addre		<u>_</u>	b. Job T				d. C	omments	
	me, Maning Adure e city, state, & zip)			retirec	1					
Lucille						Nam	e/Specific Field	-		
3181 B	urke Mill Road			. Dall						la Cum ta Data
Winsto	n-Salem, NC 2	7103						e. Election Cycle Sum to Date		
				1				\$		600.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption			j. Date (mm/dd/	уууу)	k. Amoun	
	1						09/21	/2005	\$	500.00
	1	check					10/05	/2005	\$	100.00
						-			\$	
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	ame, Mailing Addr			b. Job	Title/	Profes	sion	d. •	Comments	
-	le city, state, & zip)				enie	nce s	store			
Ashraf	A. Ali			c. Emp	oloyer	's Nan	ne/Specific Field	I _		
1852 N	N. Winds Dr. on-Salem, NC 2	27127-4607		self-e	empo	oyed		e. 1	Election Cy	cle Sum to Date
¥¥11131C								\$		200.0
							j. Date (mm/do		k. Amou	nt
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4. To	tal only this l	Page							<u> </u>	1,800.00
5. To	tal of ALL C	RO-1210 Pages	Page CPO 1100						5	
(This	line must be on line	e 6 of Detailed Summary	NC State E	Board of E	lectio	ns				March 20

CR0-1210

		Amendm
of	4	Yes Yes

Pg <u>2</u>

dment 🖌 No

Contributions	from	Individual	S
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							2. ID I	Number	
1. Committee Full Name (and Fund if applicable)						NIAV	N1Y803		
Robinso	on Committee						NTY	003	
3 Contr	ibutor Informa	tion		Add	Rem		4.0	pments	
a. Full Na	me, Mailing Addre	ss & Phone		b. Job Ti	le/Profes	sion	a. Cor		
	(include city, state, & zip)								
.i Thon	nas Bowman			c Emple	ver's Nam	e/Specific Field			
1000 C	offey Ave.								
North V	Vilkesboro, NC	28659		Sell-C	nployed	,	e. Ele	ction Cycle Su	m to Date
							\$		300.00
						j. Date (mm/dd/yy)	L 	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		J. Date (namen 33)	<del>,,,</del>		200.00
	4	check				09/23/20	005	\$	300.00
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								\$	
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	ame, Mailing Addr le city, state, & zip)			Accou	ntant		1		
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Julio D				c. Employer's Name/Specific Field			-		
1569 S	Sharon Rd. on-Salem, NC 2	7103		Self-Empoyed			e. Election Cycle Sum to Date		
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								\$	
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3 Con	tributor Inform	ation		Add		move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job	Fitle/Prof	ession	d. C	Comments	
	de city, state, & zip			Retir	əd				
	Flow, Jr.			c From	lover's N	nme/Specific Field	$\neg$		
138 S	. Cherry St, sui	ite 300							
Winst	on-Salem, NC	27101		Flow Motors			e. Election Cycle Sum to Date		Sum to Date
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Contr	ibutions fro	m Individuals	5		Pg	3	of <u>4</u>		Yes	✓ No
	tee Full Name (and ]							2. ID N	umber	
	on Committee							N1Y	803	
	ibutor Informat	ion		Add	🗖 Rem	ove				
	me, Mailing Address			b. Job	Title/Profess	sion		<u>d. Соп</u>	ments	
	city, state, & zip)			Distri	ct Attorne	y				
Thomas	s J. Keith			c. Emp	loyer's Nam	e/Specif	ic Field			
3450 Fr	raternity Church	Rd.	-		-Employe			Elec	tion Cycle S	um to Date
Winstor	n-Salem, NC 27	121-0122		•						
								\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (	mm/dd/yyy	y) k	. Amount	
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								-+	\$	
			L							
3. Cont	ributor Informa	tion		Add	Title/Profe	nove		d. Co	mments	<del></del>
	ame, Mailing Addres	ss & Phone				531011				
(includ	e city, state, & zip)				struction			1		
Christo	pher Parr	_			ployer's Nai		fic Field	4		
3614 C	amden Falls Ci sboro, NC 2741	r. 0-2192		Self-Employed				e. Election Cycle Sum to Date		
Greens	55010, 110 #1 11							\$		4,000.00
		·		<u> </u>		i Date	(mm/dd/yy	 vv)	k. Amount	
f. Prìor	g. Account Code	h. Form of Payment	i. In-Kind Descri	риоп		<u>j. Date</u>	10/04/2		\$	4,000.00
	1	check					10/04/2	.005		
						<u> </u>			\$ 	
									\$	
	tributor Informa	ation		Add	🗖 Re	move				
	ame, Mailing Addre			b. Jo	b Title/Prof	ession		d. C	omments	
	de city, state, & zip)				С					
Rober	t Watson			c. En	aployer's Na	me/Spe	cific Field			
585 Bi	rowning Pl.	-		Landura, Inc				e. Election Cycle Sum to Date		
Winsto	on-Salem, NC 2	(7103-5245							lection Cycl	
								\$		200.0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption		j. Dat	e (mm/dd/y	ууу)	k. Amount	
	1	check					10/10/	2005	\$	200.00
									\$	
									\$	
	tal only this E							\$		4,700.0
5. To	tal only this F tal of ALL C	RO-1210 Pages			<u>,,,</u>	<u></u>		\$		
(This	line must be on line	6 of Detailed Summary	NC State B	loard of	Elections					March 20

NC State Board of Elections

March 2003

1

Pg <u>4</u> of <u>4</u> 🔲 Yes

> 2. ID Number N1Y803

d. Comments

Amendment 🖌 No

e. Election Cycle Sum to Date

Contributions from Individuals	Pg <u>4</u> of
1. Committee Full Name (and Fund if applicable)	
Robinson Committee	
3. Contributor Information	Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession Intructor
William Longyard	c. Employer's Name/Specific Field

William Longyard 2913 Bradenton Dr. Winston-Salem, NC 27103-5706

					\$		200.00
		h. Form of Payment	i. In-Kind Description	 j. Date (mm/dd/yyy	y)	k. Amount	
. Prior	6			 10/20/20	05	\$	200.00
	1	check		 10/20/20			
						\$	
			+		_	\$	
2 Com	tributor Inform	ation	Add	move			

Forsyth Tech

5. Contributor intermation	b. Job Title/Profession	d. Comments
a. Full Name, Mailing Address & Phone	b. Job Thich Tokston	
(include city, state, & zip)	Owner	
Don Angell	c. Employer's Name/Specific Fie	ld
PO Box 1670 Clemmonsville, NC 27102	Angell Group	e. Election Cycle Sum to Date
		250.00

				\$ 250.00
f. Prior	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/17/200	250.00

		>
		•
		Ъ
	Add Remove	
3. Contributor Information	b. Job Title/Profession	d. Comments
a. Full Name, Mailing Address & Phone	b. Job 1 merroression	
(include city, state, & zip)	Owner	
Stephen Shelton	c. Employer's Name/Specific Field	ld

		C. Amproy						
5659 Fox Glen Trail Lewisville, NC 27023			Fence Builders			e. Election Cycle Sum to Date		
	·····,					\$		400.00
f Prior g. Account Code h. Form of Payment		i. In-Kind Descrip	i. In-Kind Description j. Date (mm/c		/y)	k. Amount	ant	
f. Prior	g. Account Code	check			10/06/20	005	\$	400.00
							\$	
							\$	
							ф. 	850.00
4. Tot	al only this P	age				5		650.00

	THE ATT COO 1210 DOGOS
	Total of ALL CRO-1210 Pages
••	
	This line must be on line 6 of Detailed Summary Page CRO-1100)
- 1	This line must be on time o of Delatica building o -g

8,150.00

\$

CRO-1210

Disbursemo	ents		Pg	· <u>1</u>	of <u>6</u>	Amendment Yes	No No
	Name (and Fund if applicat	ole)			2.	ID Number	
					N	11Y803	
Robinson Corr		separate CRO-1310 forms	for each type of D	isbursement.)			
3. Type of Disbu		putions to Candidates/Politic	cal Committees		Coordinated	Party Expendit	ures
4. Payee Inform			Add 🖸 Re				
4. Fayee Inform	ing Address & Phone		b. Coordinated (	Committee Na	nme d.	Comments	
(include city, stat			-				
Global Printing 3800 Reynold	a Road, Suite 230		c. Level Register	🖵 Count	· –	PL-star Cual	e Sum to Date
Winston-Saler	m, NC 27106		C State	C Muni	<u></u>		
						\$	290.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (m	m/dd/yyyy)	j. Amount	
	check	Payment, printin	a	09/24/2	005	\$	290.00
1			<del></del>				
						\$	
4. Payee Inform	nation	6	11000	emove			
a. Full Name, Mail	ling Address & Phone		b. Coordinated	Committee N	ame d	. Comments	·····
(include city, sta							
UPS			c. Level Registe	red (Specify)			
1959 N Peac	e Haven Rd,		Federal	Cour	ity:		L C
WINSTON S	ALEM, NC 27106		State	💻 Mun	icipality: e	Election Cyc	le Sum to Date
						\$	76.00
	g. Form of Payment	h. Purpose		i. Date (n	m/dd/yyyy	) j. Amoun	t
f. Account Code				09/23/2	2005	\$	76.00
1	check	mailing					
						\$	
		E	Add 🖬 I	Remove			
4. Payee Information	iling Address & Phone		b. Coordinated	Committee ]	Name	d. Comments	
(include city, sta							
Party City			c. Level Regist	ered (Specify	<u>,</u>		
310 Stratford	l Road		Federal	🗖 Cou	nty:		
Winston-Sale	em, NC 27104		State	🗖 Mu	nicipality:	e. Election Cy	cle Sum to Date
						\$	86.43
		h. Purpose		i. Date (	i nm/dd/yyy	y) j. Amour	nt
f. Account Code	g. Form of Payment		<u></u> . <u></u> .	10/02		\$	86.43
1	check	supplies					<u> </u>
						\$	
						s	452.43
5. Total onl							
6. Total of A	ALL CRO-1310 P	ages	Ineratina Expense	s)		\$	
(milling the second	in line 14a of Detailed Sun in line 14b of Detailed Sun	nmarv Page CRO-1100 if (	Contrib to Canalaa	ues/rouucu	Comm)	Ψ	
(Inis line goes (This line goes	in line 140 of Detailed Sun in line 14c of Detailed Sun	umary Page CRO-1100 if C	Coordinated Party	Expenditures,	)		March 20
			D I . C Timester				viarch 20

NC State Board of Elections

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Disburseme	ents		Pg	2 of <u>6</u>	5	nendment Yes	⊠ No
		ole)			2. ID N	umber	
	ame (and Fund if applical				N1Y8	303	
Robinson Com	mittee		C	ureamant)	_		
3. Type of Disbu		separate CRO-1310 forms outions to Candidates/Politic	ral Committees	Coordinate	ed Party	Expenditu	res
Operating Expension			Add 🖸 Rem	love			
4. Payee Inform	ation	Ľ	b. Coordinated Con		d. Com	ments	
	ng Address & Phone						
(include city, stat			1				
Joy-Maria Lee			c. Level Registered				
P.O. Box 156 Hamilton, NC 27840		Federal State	County: Municipality:	e, Elec	tion Cycle	Sum to Date	
namilion, NO	21010		State		\$	·····	2,860.00
							2,000.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	(y) <b>j</b> .	Amount	
1. Account Cour		Campaign Mana	aement	09/19/2005		\$	250.00
1	check				-+	<u> </u>	
1	check	campaign mana	gement	09/26/2005		\$	250.00
				nove			
4. Payee Inform	1ation		b. Coordinated Co	mmittee Name	d. Cor	nments	
a. Full Name, Man (include city, sta	ing Address & Phone te. & zin)						
					4		
Joy-Maria Lee			c. Level Registere	d (Specify)	1		
P.O. Box 156 Hamilton, NC	27840		Federal State	Municipality:	e. Ele	ction Cycl	e Sum to Date
Hamilton, Ho	21010		- Suite		\$		3,360.00
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy	<b>yy)</b> j	j. Amount	
		Expense		09/26/2005		\$	62.01
1	check		<u> </u>	<u></u>			250.00
1	check	Campaign Man	agement	10/03/2005		\$	250.00
4. Payee Inform							
4. Fayee mion	ling Address & Phone		b. Coordinated C	Committee Name	d. Co	omments	
(include city, st			_				
Joy-Maria Le			c. Level Register	ed (Specify)	-		
P.O. Box 156	5		Federal	County:			
Hamilton, NC	27840		State	Municipality	: e. El	ection Cyc	le Sum to Date
					\$		3,672.01
				Dete (menddda	)	j. Amoun	. <u> </u>
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/y	333)	F	53.96
1	check	Expenses		10/03/2005		\$	53.90
				40/40/2005	<u>.</u>	\$	250.0
1	check	Campaign Mar	nagement	10/10/2005		<u> </u>	
5. Total onl	v this Page				\$		1,115.97
	ALL CRO-1310 P	ages	. <u>.</u>				
and the second second	in time 14g of Detailed Sur	nmary Page CRO-1100 if (	Operating Expenses)		\$		
and the House and and	in line 14b of Detailed Sur	nmarv Page CRO-1100 if (	Contrib to Canalaale	S/Founcai Contaily			
(This line goes	in line 14c of Detailed Sur	nmary Page CRO-1100 if C	Coordinated Party E	penatures)	)		March 20

NC State Board of Elections

1

						-	Amendm	
Disburseme	ents		Pį	<u>3</u>	of	6	Yes	No No
	ame (and Fund if applicabl	e)				2.	ID Number	
Robinson Com			-			Ν	114803	
		eparate CRO-1310 form	s for each type of D	isburse	men <u>t.)</u>			
3. Type of Disbu		tions to Candidates/Polit	tical Committees		Coor	dinated	Party Expen	ditures
Operating Expe			Add 🖸 R					
4. Payee Inform	ng Address & Phone		b. Coordinated	Commit	ttee Name	d.	Comments	
(include city, state			_					
			c. Level Register	red (Sn	ecify)			
Sprint 266 South Stra	atford Road		C. Level Register		County:			
Winston-Saler	n, NC 27104		State		Municipa	lity: e.	Election Cy	cle Sum to Date
				_			\$	193.57
f. Account Code	g. Form of Payment	h. Purpose	_1	i. Da	ate (mm/d	d/yyyy)	j. Amou	nt
t. Account Code	check	phone bill		09	/16/200	5	\$	193.57
•				_			\$	
		<u> </u>	Add 🖸 R	lemov	e			
4. Payee Inform	ing Address & Phone		b. Coordinated	Commi	ittee Nam	e d	. Comments	
a. Fun Name, Want (include city, stat				_				
			c. Level Registe	and (St	necify)			
Postmaster Hanes Mall S	tation		c. Level Regist		County:			
3320 Silas Cr	eek Pkwy		<b>State</b>		Municip	ality:	. Election C	ycle Sum to Date
Winston-Sale	m, NC 27104						\$	740.00
	g. Form of Payment	h. Purpose		i. D	Date (mm/	dd/yyyy	) j. Amo	int
f. Account Code	check	Stamps		09	9/21/200	)5	\$	740.00
				+			\$	
			Add	Remov	ve			
4. Payee Inform	nation ling Address & Phone	. <u></u>	b. Coordinated	l Comn	nittee Nan	ne	d. Comment	is
(include city, sta								
Alphagraphix	· · ·		c. Level Regist	tered (S	Specify)			
4500 Indiana	Ave.		Federal	Ē				
Winston-Sale	em, NC 27105		🖬 State		Munici	pality:	e. Election	Cycle Sum to Date
							\$	1,987.26
f. Account Code	g. Form of Payment	h. Purpose		<b>i</b> . 1	Date (mm	/dd/yyy	y) j. Amo	unt
r, Account Code	check	Invitation Print	ting	0	9/21/20	05	\$	1,987.20
<u> </u>				-			\$	
						_	\$	2,920.83
5. Total only								
	ALL CRO-1310 Pa in line 14a of Detailed Summ	narv Page CRO-1100 if	Operating Expense	es)			\$	
and to Have a second	in the other of Detailed Sum	narv Page CRO-1100 If	Contrio to Canata	mes/1 or	litical Con litures	um)		
(This line goes	in line 140 of Detailed Sum in line 14c of Detailed Sum	nary Page CRO-1100 if	Coordinated Party	слрепи	unini CJj		<u> </u>	March 20

Committee Full N	ame (and Fund if applical	ble)					lumber	
Robinson Com						N1Y	803	
. Type of Disbu	Please use	separate CRO-1310 form	<u>is for each type of</u>	Disbursemen	<u>(t.)</u> Coordinate		Evpenditu	
7. Operating Expe		outions to Candidates/Poli	itical Committees		Coordinau	Su Faity	y Experience	
. Payee Inform			b. Coordinate	Remove	Name	d. Con	nments	<u> </u>
. Full Name, Maili (include city, stat	ng Address & Phone		b. Coordinated					
Office Depot 1235 Silas Cre	eek Pkwy		c. Level Regis	tered (Specif	unty:			
Winston-Saler	m, NC 27127				nicipality:		ction Cycle	Sum to Date
				i Dota	mm/dd/yyy	\$ i	. Amount	
Account Code	g. Form of Payment	h. Purpose				- †		52.70
1	check	office supplies		10/09	/2005		\$	
							\$	
4. Payee Inforn	nation			Remove	Namo	la Co	mments	
a. Full Name, Mail	ing Address & Phone		b. Coordinate	ed Committee		<u>u. co</u>	mineano	
(include city, sta	te, & zip)							
Visual Aids			c. Level Regi			]		
1020 Brookst	own Ave.		Federal		ounty:		option Cycl	- Come to Data
Allow Ann Colo	m N((`'//1)))							
Winston-Sale	m, NC 27101		L State		unicipality:	1		e Sum to Date
WINSION-Sale			State			\$		219.3
f. Account Code	g. Form of Payment	h. Purpose	State	i. Date	(mm/dd/yy	\$	j. Amount	219.3
		h. Purpose rental	State	i. Date		\$	j. Amount \$	219.3
f. Account Code	g. Form of Payment		State	i. Date	(mm/dd/yy	\$	j. Amount	219.3
f. Account Code 1 4. Payee Inform	g. Form of Payment check mation	rental	Add	i. Date 10/0 Remove	(mm/dd/yy 8/2005	\$ (yy)	j. Amount S S	219.3
f. Account Code 1 4. Payee Infor 2. Full Name, Mai	g. Form of Payment check mation ling Address & Phone	rental	Add	i. Date 10/0	(mm/dd/yy 8/2005	\$ (yy)	j. Amount \$	219.3
f. Account Code 1 4. Payee Inform	g. Form of Payment check mation ling Address & Phone	rental	Add b. Coordina	i. Date 10/0 Remove ted Committe	(mm/dd/yy 8/2005 ee Name	\$ (yy)	j. Amount S S	219.3
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce	g. Form of Payment check mation ling Address & Phone ate, & zip)	rental	Add b. Coordina c. Level Reg	i. Date 10/0 Remove ted Committe	(mm/dd/yy 8/2005 ee Name	\$ (yy)	j. Amount S S	219.3
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce 226 N. Marsh	g. Form of Payment check mation ling Address & Phone ate, & zip) enter hall st.	rental	Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe sistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County:	\$ (yy) d. C	j. Amount \$ \$ omments	219.3
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce 226 N. Marsh	g. Form of Payment check mation ling Address & Phone ate, & zip)	rental	Add b. Coordina c. Level Reg	i. Date 10/0 Remove ted Committe	(mm/dd/yy 8/2005 ee Name	\$ (yy) d. C	j. Amount \$ \$ omments	219.3 219.3
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce 226 N. Marsh Winston-Sale	g. Form of Payment check mation thing Address & Phone ate, & zip) enter hall st. em, NC 27101		Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe gistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Junicipality	\$ (yy) d. C : e. E \$	j. Amount \$ \$ omments	219.3 219.3 cle Sum to Date 450.
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce 226 N. Marsh	g. Form of Payment check mation ling Address & Phone ate, & zip) enter hall st.	h. Purpose	Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe sistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Aunicipality e (mm/dd/y	\$ (yy) d. C : e. E \$	j. Amount \$ \$ omments	219.3 219.3 cle Sum to Date 450.
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, sta Sawtooth Ce 226 N. Marsh Winston-Sale	g. Form of Payment check mation thing Address & Phone ate, & zip) enter hall st. em, NC 27101		Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe sistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Junicipality	\$ (yy) d. C : e. E \$	j. Amount \$ \$ omments lection Cyc	219.3 219.3 cle Sum to Date 450.4
f. Account Code 1 4. Payee Information a. Full Name, Mai (include city, state Sawtooth Ce 226 N. Marsh Winston-Sale f. Account Code 1	g. Form of Payment Check mation lling Address & Phone ate, & zip) enter hall st. em, NC 27101 g. Form of Payment check	h. Purpose	Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe sistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Aunicipality e (mm/dd/y	\$ (yy) d. C : e. E \$ yyy)	j. Amount \$ \$ omments lection Cyc j. Amoun \$ \$	219.3 219.3 cle Sum to Date 450. tt 450.
f. Account Code 1 4. Payee Infor a. Full Name, Mai (include city, str Sawtooth Ce 226 N. Marsh Winston-Sale f. Account Code 1 5. Total onl	g. Form of Payment check mation thing Address & Phone ate, & zip) enter hall st. em, NC 27101 g. Form of Payment check y this Page	h. Purpose room rental	Add b. Coordina c. Level Reg Federal	i. Date 10/0 Remove ted Committe sistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Aunicipality e (mm/dd/y	\$ (yy) d. C : e. E \$	j. Amount \$ \$ omments lection Cyc j. Amoun \$ \$	219.3 219.3 cle Sum to Date 450. tt 450.
f. Account Code 1 4. Payee Inforn a. Full Name, Mai (include city, str Sawtooth Ce 226 N. Marsh Winston-Sale f. Account Code 1 5. Total onl 6. Total of	g. Form of Payment check mation illing Address & Phone ate, & zip) enter hall st. em, NC 27101 g. Form of Payment check y this Page ALL CRO-1310 P	h. Purpose room rental	Add b. Coordina c. Level Reg Federal State	i. Date 10/0 Remove ted Committe tistered (Spec	(mm/dd/yy 8/2005 ee Name ify) County: Aunicipality e (mm/dd/y	\$ (yy) d. C : e. E \$ yyy)	j. Amount \$ \$ omments lection Cyc j. Amoun \$ \$	219.3 219.3 cle Sum to Date 450.4
f. Account Code 1 4. Payee Information a. Full Name, Mai (include city, str Sawtooth Ce 226 N. Marsh Winston-Sale f. Account Code 1 5. Total onl 6. Total of A	g. Form of Payment check mation thing Address & Phone ate, & zip) enter hall st. em, NC 27101 g. Form of Payment check y this Page	h. Purpose room rental	Add b. Coordina c. Level Reg Federal State	i. Date 10/0 Remove ted Committe istered (Spec i. Dat 10/0	(mm/dd/yy 8/2005 ee Name ify) County: Aunicipality e (mm/dd/y )8/2005	\$ (yy) d. C : e. E \$ yyy)	j. Amount \$ \$ omments lection Cyc j. Amoun \$ \$	219.3 219.3 cle Sum to Date 450. tt 450.

Disburseme	ents			Pg	5	of _		Amendment	☑ Ňo
				_	_		2. ID	Number	
. Committee Full N	ame (and Fund if applicat	nc)					N1	Y803	
Robinson Com									
. Type of Disbu		separate CRO-1310 forms	for each type o	f Dist	oursemen	<u>()</u> Coordi	nated Pa	rty Expendit	ures
Operating Expension	nses 🗖 Contrib	outions to Candidates/Politic				Coolar	inational P of		
. Payee Inform	ation	0		Rem			la C	omments	
Full Name, Maili	ng Address & Phone		b. Coordinate	ed Co	mmittee	паше	- u. c.	ommento –	
(include city, stat	e, & zip)	······································							
Meta's Restau 102 W. 3rd St. Winston-Saler			c. Level Regi	istered	Col			lection Cycle	Sum to Date 749.20
						-	\$		749.20
Account Code	g. Form of Payment	h. Purpose	<u> </u>		i. Date (	mm/dd/	уууу)	j. Amount	
1	check	Party catering			10/08	/2005		\$	749.20
	·							\$	
			Add 🗖	Rer	nove				
4. Payee Inform	1ation		b. Coordina	ted Co	mmittee	Name	d. C	Comments	
a. Full Name, Mail (include city, stat	ing Address & Phone te, & zip)		-						
Gate City Prin 2407 Greenga Greensboro, I	ate Dr.		c. Level Reg Federal State		C Co	fy) ounty: unicipali	ity: <b>e. F</b>	lection Cyc	e Sum to Date
			<u> </u>				\$		1,445.57
f. Account Code	g. Form of Payment	h. Purpose			i. Date	(mm/dd	/уууу)	j. Amount	
1	check	Printing			10/1	7/2005	5 	\$	1,445.57
<u> </u>								\$	
I D I I I I	nation		Add 🗖	Re	move				
4. Payee Inform	ling Address & Phone		b. Coordina	ated C	ommitte	e Name	d.	Comments	
a. Full Name, Mar (include city, sta			_						
Joy-Maria Le	e		c. Level Re	gister	ed (Spec	ify)			
P.O. Box 156	5		Federa			ounty:			<u> </u>
Hamilton, NC	27840		E State			Iunicipa	lity: e.	Election Cy	cle Sum to Date
				_			\$	5	3,672.01
f. Account Code	g. Form of Payment	h. Purpose			i. Dat	e (mm/d	d/yyyy)	j. Amoun	t
1. Account Code	check	Campaign Man	agement		10/2	4/200	5	\$	250.00
		Expenses			10/2	24/200	5	\$	60.00
1	check	LAPENBES			<u> </u>			\$	2,504.77
5. Total only								<u> </u>	
(This line goes i	LL CRO-1310 Pain line 14a of Detailed Sum in line 14b of Detailed Sum	mary Page CRO-1100 if 0 mary Page CRO-1100 if C	contrib to Can	ataate	s/Politica	ul Comm es)		\$	
(This line goes) CRO-1310	in line 140 of Detailed Sum	NC State F	oordinated Pu Board of Electic	ons	pr (		3		March 200

Disbursements       Pg       6       Q       Yes         1. Committee Full Name (and Fund if applicable)       2. ID Number       N1Y803         1. Committee       N1Y803       N1Y803         3. Type of Disbursement       (Please use separate CRO-1310 forms for each type of Disbursement.)       Coordinated Party Expendid         12 Operating Expenses       Contributions to Candidates/Political Committees       Coordinated Party Expendid         4. Payee Information       Add       Remove       Id Comments	Itures
1. Committee Full Name (and Fund if applicable)       N1Y803         Robinson Committee	tures
Robinson Committee       N1Y803         3. Type of Disbursement       (Please use separate CRO-1310 forms for each type of Disbursement.)         2 Operating Expenses       Contributions to Candidates/Political Committees       Coordinated Party Expendit	tures
3. Type of Disbursement       (Please use separate CRO-1310 forms for each type of Disbursement.)         Image: Contributions to Candidates/Political Committees       Image: Coordinated Party Expendition         Image: Contributions to Candidates/Political Committees       Image: Coordinated Party Expendition	tures
Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Experiment     Coordinated Party Experiment	tures
Spring 1 En Add	
4. Fayee Information a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
Wooten Graphics c. Level Registered (Specify)	
P.O. Drawer 819	
Welcome, NC 27374	
\$	2,204.20
f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount	
1 check Printing 10/18/2005 \$	2,204.20
\$	
4. Payee Information	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
c. Level Registered (Specify)	
Federal County:	
🛄 State 📃 Municipality: e. Election Cyc	le Sum to Date
\$	
f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amount	t
S	
\$	
4. Payee Information	
4. Fayee Information         5. Full Name, Mailing Address & Phone         b. Coordinated Committee Name         d. Comments	
(include city, state, & zip)	
c. Level Registered (Specify)	
Federal County:	
State Municipality: e. Election Cy	cle Sum to Date
\$	
f. Account Code g. Form of Payment h. Purpose i. Date (mm/dd/yyyy) j. Amoun	nt
L'Account Coue gi rom of Laymont I	
s	
	2,204.20
5. Total only this Page	
6. Total of ALL CRO-1310 Pages (This line costs in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) \$	9,920.25
(This line goes in line 14h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	0,020.00
(This line goes in line 140 of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	March 20

For Office Use Oaly SEOE 1D #\_\_\_\_\_ Follow-Up Date \_\_\_\_\_ Reviewed By \_\_\_\_\_

## CAMPAIGN REPORT DISCREPANCIES REPLY REQUIRED

CO:	Treasurer	Vernon Robinson	_
	Committee	Robinson Committee	_
	Address	PO Box 272	_
		Winston-Salem, NC 27102	_

FROM: Campaign Finance Office

REPORT IN QUESTION: 2005 Pre-election

## DATE: 11/01/2005

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your <u>first</u> notice. You must respond within <u>thirty</u> days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

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The depository information was not listed on the Political Committee Disclosure Report.

Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and
complete mailing address of the payee.

Joint contributions, which are prohibited, were listed on the Report of Contributions.	You
Joint contributions, which are present of the for each contributor	
must determine the individual amount of contribution for each contributor.	

- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as" aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):	<u></u>	
······································		

- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$\_\_\_\_\_.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

 on	
 on	
 on	
on	

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

OTHER CRO-1100 - Review and correct all mathematical computations for correctness.

Please send your reply to : Judy J. Speas 201 N. Chestnut Street, Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sb<u>oe.state.nc.us</u>, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE:

**ICR-001**