Pail Name       c. ID Number         Mailing Address (include City, State and Zip Cido)       d. Date Flied         Z99       S. MESTVIEW       Date         Winstrad       - SALEM, N.C. 27104       B. 1970/09         Report Vend 3. Portiod State Date Insurance (Include City, State and Zip Cido)       S. Treasure Full Name         Bio Port of State Date Insurance (Include City City)       S. Treasure Full Name         Dire of Committee (Include City)       State Courty       State Courty         Pace Insurance       Dire of Report Vends on V						
De not use this form to update information.       Committee (Information         Pull years       LiD Number         Pull years       LiD Number         Pull years       LiD Number         2797       S. MESTVIEW Dr.         Walling Address (Induce City, State and Zig Code)       LiD Number         2797       S. MESTVIEW Dr.         Walling Address (Induce City, State and Zig Code)       LiD Number         2808       Pland Number         2809       State Code         2809       Min State City, State and Zig Code)         2809       State Code         2808       Internet Code Committee (Information         2809       Internet Code Committee (Information         2800       Internet Code Committee (Information         2800       Internet Code Code         2800       Number         2800       Referendum         2800       Preferendum			mation must be	igned and submit	V Ves	No.
Pail Nume       C. ID Number         Analling Address (include City, Sinte and Zip Code)       d. Date Filed         299       S. MESTVIEW       Date         Winstruct       S. Account Number       State Pail         Bargen       Date Filed       Date Filed         Port Vent 3. Period State Date Innovatory       State County       Contentione Collection         Conduct Company       Prevent Municipal       State County       Contentione Collection         Conduct Company       Prevent Municipal       State County       Contentione Collection         PAC       Biotefrenature       Organizational       Organizational       Organizational       Organizational         Prevent Mind       Organizational       Organizational       Organizational       Organizational       Organizational       Organizational         Prevent Mind       Municipal       Second       Second       Second       Seperational       Second       Seperational         Booster Pend       Joint Fund       Municipal       Second       Second	Do not use this form to upda	ate information.	mation, must be s	Igned and submit		aneu ionns.
Address (include City, State and Zip Code)       d. Dear Filed         299       S. INESTVIEW Dr.       B. Dear Filed         2003       J. L. String Dr.       B. Dear Filed         2003       J. L. String Dr.       B. Dear Filed         2003       J. L. String Dr.       B. Dear Filed         2004       B. Dear Filed       B. Dear Filed         2004       Filed       Dear Filed       B. Dear Filed         2004       B. Dear Filed       B. Dear Filed       B. Dear Filed         2004       B. Dear Filed       B. Dear Filed       B. Dear Filed         2004       B. Dear Filed       B. Dear Filed       B. Dear Filed         2004       B. Dear Filed <td>1. Committee Information</td> <td></td> <td></td> <td></td> <td></td> <td></td>	1. Committee Information					
Mailing Address (include City, state and Zip Code)       I. Date Filed         299       S. WESTVIEW       Dr.         WINSTW - SALEN, NL. 2710 4       Bipping Opping         Report Year 3. Period Start Date immedatory       State County         Dre 8       Dre 7000         Double Toppe of Report Vear 3. Period End Date immedatory       State County         Conditate Computer (Counce Conc)       9. Type of Report Vear 200 of report from conce care gov)         Conditate Computer (Counce Conc)       9. Type of Report Vear 200 of report from conce care gov)         Proc.       Extende County       Referendum         Decode Fund       Organizational       Organizational         Docode Fund       User End       Second         Docode Fund       User End       Second         Other:       Pro-clection       Second         Number of Fund (Urgepticelific check constrement)       Second       Second         Other:       Pro-clection       Second       Second         Number of Fund (Urgepticelific check constrement)       Second       Second       Second         Other:       Pro-clection       Second       Second       Second         Number of Fund (Urgepticelific check constrement)       Second       Second       Second         Oth	A			- 1		
299       S. WESTYLEW Da.       B/B/09         WINSTW - SALEN, NC. 27/04       33. Period Start Date immutative       33. PHR 0094         Report Year 3. Period Start Date immutative       4. Period End Date immutative       5. Treasurer Full Name         Date Top of Committee (Creck One)       9. Type of Report Veneck and yone type of Peror Fromene category         Condition Concerning Party       Municipal       State(Comity)       Referendom         PAC       Organizational Quarterly       Dependent Speediture       Dispect Report Veneck and yone type of Peror Fromene category         Independent Speediture       Joint Fundraiser       Drepreting       Dependent Speediture       Dispect Report Veneck and yone type of Peror Fromene Category         Independent Speediture       Joint Fundraiser       Dispect Report Veneck and yone type of Peror Fromene Category       Dispect Report None         Upged Fund       Organizational Quarterly       Dispect Report None       Dispect Report None         Soute Fund       Berlin and Special       Second       Special Report None         Other:       Final       Special Report None       Second       Special Report None         Number of Kundraisers this Report       Final       Special Report None       Second         Special       Mid Year       Second       Special Report None       Second       S	Lonnon 3	<u>&gt;čNSE &gt;c</u>	>LUTION	5 Lon.		- yest i ner stative
WINSSON - SALEN, WL.       27104       B. Poind Number         Beport Year 3. Period Stort Date (mandator)       4. Period End Date (mandator)       5. Treasture Full Nume         Bood Committee (Chock One)       9. Type of Report (check only one type of report from one care core)         Conducts Campaign       Period       9. Type of Report (check only one type of report from one care core)         Conducts Campaign       Period       9. Type of Report (check only one type of report from one care core)         Conducts Campaign       Period State Campaign       Operatizational         Drace of Fund       Diate Fund       Operatizational       Operatizational         Special Fund       Diate Fund       Berni-annual       Second       Supplemental Final         Special Fund       Brist       Second       Supplemental Final       Supplemental Final         Special Period       Second       Pre-reloction       Second       Supplemental Final         Subdiver of Fundraisers this Report       Brist       Second       Supplemental Final       Second         Special       Final       Special       Bits for Second       Second       Second         Supplemental Final       Special       Bits for Second       Second       Second       Second         Other       Special       Final					d. Date Filed	120
WINSPON - SALEM, W. 27104       340.7448 00940         Report Year 13. Period Start Date munidary       4: Period End Date taminadiry       5: Treasurer Eul/Name         B003       b/24/58       12/31/58       Mate To Luczu.         Type of Committee (Check One)       9: Type of Report (check Only one type of report from one category).       Category.         PAC       Brotendam       Organizational       Organizational       Organizational         PAC       Forforeadum       Organizational       Organizational       Organizational         Independent Expenditure       Joint Fundraiser       Pre-primacy       First       Final         Type of Pund       Id applicable, check once       Pre-primacy       Second       Special         Building Fund       Graphicational       Pre-trained       Special       Special         Other.       Number of Fund       Special       Special       Special         Number of Fundraisers this. Report       In Account Information       Final       Special       Special         Referencem       A       Final       Special       Special       Special         Other.       Special       It Account Information       Special       Special       Special         Referencem       A       Final <t< td=""><td>• •</td><td></td><td></td><td></td><td><b>D</b>[<b>1</b>9]</td><td>09</td></t<>	• •				<b>D</b> [ <b>1</b> 9]	09
Report Vent 3. Period Start Date (mmaday)       4: Period End Date (mmaday)       5: Treasture Full Name         De 3       //24/08       /21/31/08       /22/07         Type of Committee (Check Only       9: Type of Report (check Only one Type of report from one category)       Referendum         PAC       Prove the committee (Check Only       Period Endegonda       Referendum         PAC       Prove the committee (Check Only one Type of report from one category)       Referendum         Date Status       Digenizational       Organizational       Period End         Dependent Expenditure       Joint Fundraiser       Pro-primary       First       Period End         Building Fund       Pro-primary       Pro-primary       First       Pro-primary       Period Second         Building Fund       Pro-primary       Pro-primary       First       Annual         Dotter:       Nimber of Fund raisers thits, Report       Mid Year       Bost Fund       Special         Nimber of Fundraisers thits, Report       I.1. Account Information       Referendum       Special       Status         Nimber of Fundraisers thits, Report       A       Final       Special       Status       Special       Status       Special       Special       Special       Special       Special       Special       Sp	WINSTON -	SALEM, M	VC. Z	7104	771. 24	20041
Lord       Liston       Drest Forware         Type of Committee (Check One)       2. Type of Report (check only one type of heport from one category)       Manicipal       State/Contry       Beferendum         PAC       Beferendum       Organizational       Organizational       Organizational       Organizational       Organizational         Independent Expenditure       Joint Fundraiser       Thirty-five day       Organizational       Organizational       Organizational         Special Fund       (if applicable, check one)       Pre-primary       First       Print       Annual         Building Fund       (if applicable, check one)       Pre-primary       First       Pre-final       Dependent Expenditure         Other:       Mini Charlow       Pre-primary       First       Pre-final       Dependent Expenditure         Other:       Pre-final       Special       First       Pre-final       Dispecial Report Name         Other:       Pre-final       Special       Special       Dispecial Report Name         Number of Fundraisers this Report       Special       Final       Dispecial Report Name         Account Information       II. Account Information       Pre-final       Dispecial Report Name         Varpose       C. Account Code       B. Purpose       C. Account	2. Report Year 3. Period S	tart Date (mm/dd/yy) 4.	Period End Dat	e (mm/dd/yy) 5. Ti	easurer Full Name	<u>a c- cp</u>
Type of Committee (Check One)       9. Type of Report (check only one type of report from one category)         Cadidate Canpaign       Party         Cadidate Canpaign       Party         PAC       Externational         Independent Expenditure       Joint Fundraiser         Legal Expense Fund       Organizational       Organizational         Type of Fund       (Iraphicable check one)       Sectored         Booster Fund       Iraphicable check one)       Sectored         Booster Fund       Pre-election       Sectored         Booster Fund       Pre-primary       First         Booster Fund       Pre-election       Sectored         Other:       Number of Fundraisers this Report       Special         Number of Fundraisers this Report       Special       Final         Special       Final       Special         Special       Special       Special         Account Information       I. Account Information       Special         Reference       Account Information       Special         Prize Synth       A       Prize Synth       Special         Reference       Account Information       Special       Special         Reference       A       Prevence       Account Information<		1 1 0 1			$\lambda$ $T$	NCCC.
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Type of Fund       (If applicable, check and)       Pre-runoff       Third       Annual         Bootser Fund       Semi-annual       Fourth       Special       IO. Special Report Name         Other:       Year End       Mid Year       Mid Year       IO. Special Report Name         Other:       Final       Year End       Year End       IO. Special Report Name         Account Information       II. Account Information       II. Account Information       II. Account Context Information         Financial Institution Full Name       A. Financial Institution Full Name       Account Code       B. Purpose         C. Account Code       B. Purpose       C. Account Code       B. Purpose       C. Account Code         Reficience       A       Tors 7 77H       Image: Status Stat	Legal Expense Fund		· · ·	First		
Booster Fund       Semi-annual       Fourth       Special         Building Fund       Mid Year       Semi-annual       Semi-annual       10. Special Report Name         Other:       Final       Special       Special       10. Special Report Name         Other:       Special       Special       Special       10. Special Report Name         Account Information       II. Account Information       Special       Special       Special         Account Information       II. Account Information       Special       Special       Special       Special         Account Information       II. Account Information       Special       Sp	Type of Fund (if analise					Final
Building Fund       Mid Year       Semi-annual       10. Special Report Name         Other:       Year End       Year End       Mid Year       10. Special Report Name         Number of Fundraisers this Report       Special       If Account Information       11. Account Information         Special       Special       Special       If Special       If Special         Special       Special       Special       If Special       If Special         Special       Special       Special       If Special       If Special         Special       Special       If Special       If Special       If Special       If Special         Special       Special       If Special       If Special       If Special       If Special         Purpose       C. Account Code       Furpose       C. Account Code       If Special       If Special         For Special       If Special Balance       Special       If Special       If Special       If Special         For Special       If Special Balance       Special       If Special       If Special       If Special         For Special       If Special Balance       Special       If Special       If Special       If Special       If Special       If Special         Special       If						
Other:       Image: Special       Image: Specia	Building Fund		Mid Year	Semi-annual		
Number of Fundraisers this Report       Special       Final         Account Information       II. Account Information         Pinancial Isstitution Full Name       a. Financial Institution Full Name         Parpose       c. Account Code         Refield       B. Purpose         c. Account Code       S.	Other				10. Special Rep	oort Name
Account Information       11. Account Information         Financial Institution Full Name       a. Financial Institution Full Name         Account Code       b. Purpose         C. Account Code       b. Purpose         Reference       c. Account Code         Balance       for Signer         State Board of Elections.       d. Period Begin Balance         State Board of Elections.       state Board of Elections.         Printed Name of Signer       Signeture of Appointed Treasurer         Date       Cartification         Bate Roceived:       6-19-09         Employee:       Belivery Method         Bate Scanned:       Employee:         Bate Scanned:       Employee						200
Financial Institution Full Name       a. Financial Institution Full Name         Purpose       c. Account Code       b. Purpose         REFERENCE       A       FDZS7TH         Image: State				Special		5 J
Purpose       c. Account Code       b. Purpose       c. Account Coder       Purpose         Reference       A       TO2S 7TH       Image: State	1. Account Information					Z
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CATIFICATION         certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Elections.         Printed Name of Signer       Signeture of Appointed Treasurer         Printed Name of Signer       Signeture of Appointed Treasurer         Date       Complexe         Printed Name of Signer       Employee:         Date       Date         R OFFICE USE ONLY       Employee:         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Signer has not received mandatory training         Please Note: This form 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 committee changes.	$\overline{D}_{a} = a B$	c. Account Code	b. Purpos	e	c. Account Coder	<u> </u>
CATIFICATION         certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Elections.         Printed Name of Signer       Signeture of Appointed Treasurer         Printed Name of Signer       Signeture of Appointed Treasurer         Date       Complexe         Printed Name of Signer       Employee:         Date       Date         R OFFICE USE ONLY       Employee:         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Signer has not received mandatory training         Please Note: This form 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 committee changes.	Kerelevoun	4	to	rsyTH		<b>.</b>
CATIFICATION         certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Elections.         Printed Name of Signer       Signeture of Appointed Treasurer         Printed Name of Signer       Signeture of Appointed Treasurer         Date       Complexe         Printed Name of Signer       Employee:         Date       Date         R OFFICE USE ONLY       Employee:         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Signer has not received mandatory training         Please Note: This form 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 committee changes.	FORSVTH_	d. Period Begin Balanc	e	-	d. Period Begin Ba	lance
CATIFICATION         certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Article 22A, 22B & 22D-22M of Chapter 163         f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this provisions of Elections.         Printed Name of Signer       Signeture of Appointed Treasurer         Printed Name of Signer       Signeture of Appointed Treasurer         Date       Complexe         Printed Name of Signer       Employee:         Date       Date         R OFFICE USE ONLY       Employee:         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Signer has not received mandatory training         Please Note: This form 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 committee changes.	11/il	1 \$ D			\$	
f the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this eport is complete, true and correct and that I have been trained by the State Board of Elections.  Printed Name of Signer  R OFFICE USE ONLY  Date Received:  Control of the Control of the Employee:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Please Note: This form 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 committee changes.	ERTIFICATION	그는 것 같은 생각에서 제공적인				
eport is complete true and correct and that I have been trained by the K State Board of Elections. Printed Name of Signer Signeture of Appointed Treasurer <u>3/25/28</u> Date OFFICE USE ONLY Date Received: <u>6-19-09</u> Employee: <u>problementations</u> <u>Delivery Method</u> Date Postmarked: <u>Employee</u> : <u>Delivery Method</u> Registered Mail Registered Mail Date Scanned: <u>Employee</u> : <u>Employee</u> : <u>Employee</u> : <u>Signer has not received</u> mandatory training Please Note: This form 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 committee changes.	I certify that the Committee or of the NC General Statutes and	Fund is in compliance with that no funds are commin	h all applicable pro	visions of Article 22	2A, 22B & 22D-22M of C	Chapter 163
R OFFICE USE ONLY       Employee:       Delivery Method         Date Received:       6-19-09       Employee:       Delivery Method         Date Postmarked:       Employee:       Normal Mail         Date Scanned:       Employee:       Hand Delivered         Date Data Entered:       Employee:       Signer has not received mandatory training         Please Note: This form cannot be used to amend committee information, or account information.       Signer has the committee changes.         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.       Signer has sold to an end committee changes.						ity that this
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R OFFICE USE ONLY       Employee:       Delivery Method         Date Received:       6-19-09       Employee:       Delivery Method         Date Postmarked:       Employee:       Normal Mail         Date Scanned:       Employee:       Hand Delivered         Date Data Entered:       Employee:       Signer has not received mandatory training         Please Note: This form cannot be used to amend committee information, or account information.       Signer has the committee changes.         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.       Signer has sold to an end committee changes.		John -	2 10	VIF	<u> </u>	107
Date Received:       6-19-09       Employee:       Delivery Method         Date Postmarked:       Employee:       Normal Mail         Date Scanned:       Employee:       Hand Delivered         Date Data Entered:       Employee:       Signer has not received mandatory training         Please Note: This form cannot be used to amend committee information, or account information.       Signer has supervisition.         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.       Delivery Method		ngner	Signature of A	ppointed Treasurer	Date	
Date Received:       Imployee:       Imployee:<	그리는 지 아이는 것 것 가격에 가려는	19-19-09 C	Employaer C	AL, Rooms	Delivery Method	
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Date Data Entered: Employee: Signer has not received mandatory training Please Note: This form 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 committee changes.	Date Scanned:		Employee	2011년 1월 1993년 1월 1993년 1월 1983년 1월 1993년 1월 19 1월 1993년 1월 19 1월 1993년 1월 19 1월 1993년 1월 19 1월 1993년 1월 19 1월 1993년 1월		
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assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.	a da da <b>da</b> tanan da kata		Constant Product A Star	an tanàna mandritra dia 2014. Ny Geographia dia kaominina		
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.						reasurer,
August 2008 August 2008	20-1000		State Board of Electic		minine ondriges.	August 2008

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Amendment		
Yes	No	

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)			3. ID Number
Common SENSE SocuTI	out.		
Start of Election Cycle: January 1, $\mathcal{D}$	3	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s O	S D
RECEIPTS		[+	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1 \$
6) Contributions from Individuals	(CRO-1210)	\$ 2124	\$ 7174
7) Contributions from Political Party Committees	(CRO-1220)	s	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizatio		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1270)	\$	\$
110) Exempt Furchase Frice Sales           12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,1			\$ 7174
EXPENDITURES	inc, ind and inc)	<u>* 6167</u>	1º LLCE
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2124	\$ 2/24
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	s
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
<ul><li>7) In-Kind Contributions</li></ul>	(CRO-1510)	\$	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14		\$ 7/24	\$ 2/24
9) Cash on Hand at End (Add lines 4 and 12 together, then		\$ 2121	\$ <u> </u>
DDITIONAL INFORMATION	1		
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$	Add Anthenia
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	177 (AZ2 ) (A)
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$	\$

		from Individua i individual contributio		Pg ontributions und	$\frac{1}{1000}$ of $\frac{1}{10000000000000000000000000000000000$	Amendment Ves No RO 1205 is not used
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L	JINSTON	J-SALEM	NCZTIO	y NO	~ · ·	\$ 2124
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount
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\$150.00 million	tributor Inform				nove	
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11 <u>14 7 1</u> 5	ame, Mailing Addr le city, state, & zip)	277 CZ 2 777 TZ		b. Job Title/Profes	sion	d. Comments
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4. Tot:	al only this P	age		· · ·		\$ 2/24
5. Tota	al of ALL CF	RO-1210 Pages				\$ 7/14
(This lii CRO-12		s of Detailed Summary Pa	ge CRO-1100) NC State Board	d of Elections		<u>ک</u> ا ک ( April 2007

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Amendment

Disbursements Pg \_\_\_\_\_ of \_\_\_\_\_ res \_\_\_\_ r Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures **N**0

1. Committee	Full Name (and Fur	id if applicable)		×		2. I	D Number
( DN	imod	SENSE		Soch	now		
3. Type of Dis	bursement (Pleas	e use separate C				isbursemen	( <u>t.)</u>
- Operating Ex		ntributions to Candid	lates/Politi			Coordinated Pa	arty Expenditures
4. Payee Infor a. Full Name. N	Mailing Address & Pl	ione		Add	Remove ed Committee Na	me d.C	omments
(include city, state	e, & zip)		A				
Wins	570.2 - SAI	en Dur	rd.	c. Level Regi	stered (Specify)		
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P.0. 1			,	State	Munic	ipality: e. El	ection Sum to Date
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					\$		
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				<i>i ~ i</i>	\$		
5. Total only th	s Page					\$	2124-
	CRO-1310 Pages					Ψ	$\alpha_{1LT}$
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	line 13b of Detailed Sum line 13c of Detailed Sum		-			m) <sup>·</sup>	2124
	des (List detailed		-			1	and the second second second second
A* - Media	B* - Printin	g	<b>C* - F</b> u	Indraising		Another C	
E - Salaries I - Postage	<b>F* - Equip</b> J - Penaltie			itical Party <b>fice Expens</b>			blic Office Expenses