

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

COPY

Amendment

☐ Yes ☐ No

1. Committee Information	
a. Full Name FRIENDS TO ELECT JIMMIE LEE BONHAM	c. ID Number 2CQ024
b. Mailing Address (include City, State and Zip Code) 3325 PARRISH ROAD WINSTON - SALEM, N.C 27105	d. Date Filed 7/12/2010
	e. Phone Number (336) 575-3630

2. Report Year 2010	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy) 7/1/2010	5. Treasurer Full Name JIMMIE LEE BONHAM
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	☐ Municipal	☐ State/County
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly
☐ Legal Expense Fund		☐ Pre-primary	☐ First
		☐ Pre-election	☒ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☐ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name WACHOVIA BANK	a. Financial Institution Full Name	b. Purpose Candidate Campaign	b. Purpose
b. Purpose	c. Account Code	c. Account Code	c. Account Code
d. Period Begin Balance \$ 0	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

JIMMIE LEE BONHAM

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received: **7/12/10**
ALL CRO-1100

Date Postmarked: _____

Date Scanned: _____

Date Data Entered: _____

Employee: **Judy Spears**

Employee: _____

Employee: _____

Employee: _____

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ 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.

Detailed Summary

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

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
FRIENDS TO ELECTION INTIMACY		2nd	2CQ 024
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start RECEIVED		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 200	\$ 200
6) Contributions from Individuals (CRO-1210)		\$ 600	\$ 600
7) Contributions from Political Party Committees (CRO-1220)		\$ 1100	\$ 1100
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1900	\$ 1900
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1650	\$ 1650
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100	\$ 100
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 140	\$ 140
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1890	\$ 1890
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10.00	\$ 10.00
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 (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

CRO-1100

NC State Board of Elections

August 2008

COPY

Contributions from Individuals

Pg ____ of ____ Amendment
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS TO ELECT JIMMIE LEE BANTA				2CA 24	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Larry Wumble 1294 Salem Lake RD Winston-Salem, N.C. 27107			Legislator		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/07/2010	\$ 25.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Cristien Bowsler 3028 DePaul CT Charlotte, N.C. 28216			Retired		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		3/16/2010	\$ 50.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
EDDIE B CARPENTER JR 1607 ASHLEY SCHOOL Circle Winston-Salem, N.C. 27105			Hair Stylist		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/28/2010	\$ 200.00
☐					\$
☐					\$
4. Total only this Page					\$ 275.00
5. Total of ALL CRO-1210 Pages					\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg ____ of ____ Amendment
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO ELECT JIMMIE LEE BONHAM						200244	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARRY L. MUSE 839 SARDIS COVE DR CHARLOTTE, N.C. 28270				Food Vendor			
				c. Employer's Name/Specific Field			
				Self			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐		Check		3/16/2010	\$ 50.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
COTHE P. BOOKER 3631 NEW WALKERTOWN RD Winston-Salem, N.C. 27105							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐		Check		4/3/2010	\$ 50.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHARLIE S. DANNELLI 3167 DAWSHIE AVE Charlotte, N.C. 28216				Senator			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐		Check		3/24/2010	\$		
☐					\$		
☐					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIEND TO ELECT JIMMIE LEE BONHAM				20624	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DANIS D ADAMS 3661 MARLOWE AVE WINSTON-SALEM, N.C. 27106			City Council Woman		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/16/10	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
RUFUS WILLIAMS 450 MASSACHUSETTS AVE NW WPT 1322 WASHINGTON D.C. 20001			Consultant		
			c. Employer's Name/Specific Field		
			Self		e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/4/2010	\$ 200
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
RONALD L. BUCHANAN 6722 AMBERLEY LANE CLAMMUS N.C. 27102 (336) 766-8151			Supervisor		
			c. Employer's Name/Specific Field		
			RSR TOBACCO		e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		4/27/2010	\$ 25.00
☐					\$
☐					\$
4. Total only this Page					\$ 325.00
5. Total of ALL CRO-1210 Pages					\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Political Party Committees

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS TO ELECT JIMMIE LEE BONHAM				269024	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
BEVERLY M EARLE Campaign Comm 312 S CLARKSON STREET Charlotte, N.C. 28202					
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	Check		2/16	\$ 300.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
BEVERLY M EARLE Campaign Comm 312 S CLARKSON STREET Charlotte, N.C. 28202					
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	Check			\$ 800.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1100	
5. Total of ALL CRO-1220 Pages (This line must be on line 1 of Detailed Summary Page CRO-1100)				\$	

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIEND TO ELECT JIMMIE LEE BONHAM						2 C 0 2 4	
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	
TRENT RAWLEY 1000 BURKE ST WINSTON-SALEM, N.C. 27101						Office Rental	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	B	2/17/10	\$ 200. ⁰⁰	Print Material		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SHARON CUNNINGHAM 4223 CODY DRIVE WINSTON-SALEM, N.C. 27105							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	A	3/0/10	\$ 50. ⁰⁰	Advertising		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CMC MARKETING 1225 E 5th St WINSTON-SALEM, N.C. 27101						Office Rental	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	K	4/9/10	\$ 300. ⁰⁰	Office Rental		
				\$	Supplies, Equip		
5. Total only this Page						\$ 550. ⁰⁰	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Friends to Elect JIMMIE LEE BOWMAN						2C9024	
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	
CNC Marketing 1225 E 5th St Winston-Salem, N.C. 27105						Office Rental	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	K, F	4/22	\$ 300	Office Rental		
				\$	Supplies, Equip		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CNC Marketing 1225 E 5th St Winston-Salem,							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	B, K	4/24/10	\$ 300.00	Office Rental, Printing		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Marshall Jeffries Jr 2301 K Court W.S., N.C. 27105							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	0	4/13	\$ 25.00	Deposit on Layout/was		
				\$			
5. Total only this Page						\$ 625	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO ELECT JIMMIE LEE BONHAM						2CQ 024	
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	
Marshall Jeffries Jr 2301 K Court W-S, N.C 27101							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	A	5/1	\$ 125.00	Web Design 301		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
James Huff 1250 New Watauga Dr W-S, N.C 27105							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	B	5/3	\$ 100	Transportation / Gas		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Committee TO ELECT PARMON 1225 E 5th St Winston - Salem, N.C 27105							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	D	5/3	\$ 100			
				\$			
5. Total only this Page						\$ 325	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg ____ of ____ ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS JIMMIE LEE BONHAM					2CQ 0241	
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
Ebony Patterson 1225 E 5th St Winston-Salem, NC 27105				c. Level Registered (Specify)		
				☐ Federal ☒ County: ☐ State ☐ Municipality:		
				e. Election Sum to Date		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	0	5/4/10	\$ 250	Van Rental, Gas, Trans	
				\$		
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 Sum to Date		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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 Sum to Date		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$	
6. Total of ALL CRO-1310 Pages					\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRIENDS TO ELECT JIMMIE LEE BOWHAM		200024	
3. Payee Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Jimmie Bowham 3325 Parish Rd Winston-Salem, NC 27105		☒ Candidate ☐ PAC	5/13/10
		☐ Referendum ☐ Party	
		e. Level Registered	i. Original Receipt Amount
		☐ Federal ☒ County: ☐ State ☐ Municipality:	\$ 140.00
		f. Purpose Code	j. Election Sum to Date
		710	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
House list	House By Sign		
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Food, Lunches for Volunteers/Reception	5/13/10	\$ 140.00
3. Payee Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
		☐ Candidate ☐ PAC	
		☐ Referendum ☐ Party	
		e. Level Registered	i. Original Receipt Amount
		☐ Federal ☐ County: ☐ State ☐ Municipality:	\$
		f. Purpose Code	j. Election Sum to Date
			\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
3. Payee Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
		☐ Candidate ☐ PAC	
		☐ Referendum ☐ Party	
		e. Level Registered	i. Original Receipt Amount
		☐ Federal ☐ County: ☐ State ☐ Municipality:	\$
		f. Purpose Code	j. Election Sum to Date
			\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
4. Total only this Page		\$ 140	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$	
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit			
P* - Reimbursement of In-Kind O* Other			
* Codes require detailed explanation in required remarks field (m)			