

# Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund <i>Committee to Elect Jonathan WAGSTAFF</i>				6. Date <i>10-26-02</i>	
2. Address <i>2507 I-C FAIRFAX Rd.</i>				7. ID Number	
3. City <i>Greensboro</i>		4. State <i>NC</i>	5. Zip <i>27407</i>	8. Phone <i>336-547-9550</i>	
9. Type of Report <del>Quarter Report</del> <i>WAGSTAFF</i>			10. Period Covered Start <i>8-29-02</i> End <i>10-26-02</i>		11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser	
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> Soft Money Account	
				<input type="checkbox"/> Building Fund	
13. Treasurer Name <i>Debbie S. Oxendine 2506 Livingston St. Greensboro, NC 27406</i>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
16. Bank/Depository/Credit Account Information					
a. Name		b. Purpose		c. Code	d. Period Begin Balance
<i>First Citizen BANK</i>		<i>Campaign Checking Acct</i>		<i>0761</i>	<i>\$ 4,457.22</i>
					\$
					\$
					\$
					\$
					\$
					\$

## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

*Debbie S. Oxendine*  
Signature of Appointed Treasurer or Candidate

*10-25-02*  
Date

## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Committee to Elect Jonathan WAGSTAFF	4 <sup>th</sup> Quarter		
Start of Election Cycle: January 1, 20 02	Total this Period	Total this Election Cycle	
4) Cash on Hand at Start of Election Cycle		\$ 100.00	
5) Cash on Hand at Start of Present Reporting Period	\$ 4,457.22		
<b>RECEIPTS</b>			
6) Contributions from Individuals	(CRO-1210)	\$ 6,565.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$ 750.00	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ - 0 -	\$
9) Loan Proceeds	(CRO-1410)	\$ 8,000.00	\$
10) Refunds and Reimbursements TO the Committee	(CRO-1240)	\$ - 0 -	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$ - 0 -	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ - 0 -	\$
11c) Outside Sources of Income	(CRO-1250)	\$ - 0 -	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$ - 0 -	\$
13) Contributions based on Forgiven Loans	(CRO-1440)	\$ - 0 -	\$
14) 48-Hour Notice Reports Sum		\$ - 0 -	\$
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)		\$ 15,315.00	\$
<b>EXPENDITURES</b>			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	\$ 15,616.61	\$
16b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 200.00	\$
16c) Coordinated Party Expenditures	(CRO-1310)	\$ - 0 -	\$
17) Loan Repayments	(CRO-1420)	\$ - 0 -	\$
18) Forgiven Loans	(CRO-1440)	\$ - 0 -	\$
19) Refunds and Reimbursements FROM the Committee	(CRO-1320)	\$ - 0 -	\$
20) In-Kind Contributions	(CRO-1510)	\$ - 0 -	\$
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)		\$ 15,816.61	\$
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$ 3,905.61	\$
<b>Additional Information</b>			
23) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ - 0 -	
24) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 18,355.00	
25) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 18,355.00	
26) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ - 0 -	
27) Parent Entity's Administrative Support	(CRO-1710)	\$ - 0 -	
28) Account Transfers	(CRO-1720)	\$ - 0 -	

**Contributions from INDIVIDUALS**

1. Name of Committee or Fund				2. ID Number			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Christopher Haithcock 2413 Burnette Dr. Greensboro, 27406	0761	check	10-3	<input type="checkbox"/>	<input type="checkbox"/>	\$ 800.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	MANAGER				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Haithcock's Restaurant Inc.	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	<del>XXXXXXXXXX</del> Unitized (1) - 100.00 Unitized (1) - 50.00 Unitized (2) - 100.00	0761	check	10-4	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
		0761	check	10-10	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
		0761	check	10-10	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Teri Price P.O. Box 5881 High Point, NC 27262	0761	check	10-10	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Builder				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Unknown	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Unitized (5) - 100.00 Unitized (2) - 25.00 Unitized (5) - 100.00 Unitized (1) - 70.00	0761	check	10-11	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
		0761	check	10-16	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
		0761	CASH	10-16	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Drew Isenhour 3811 Pinelrest Dr. Greensboro, NC 27406	0761	check	10-17	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Area President				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Republic Services	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$2,720.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 2,720.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Gene Petty 2132 Bishop Rd. Greensboro 27406	0761	Check	10-17	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	OWNER				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
A-1 Sandrock	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Betty Petty 2132 Bishop Rd. Greensboro 27406	0761	check	10-17	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	OWNER				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
A-1 Sandrock	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Bill Nuckles 3924 Wiley Davis Rd. Greensboro 27407	0761	check	10-17	<input type="checkbox"/>	<input type="checkbox"/>	\$ 900.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Mark Schaffer 4 Rosebay Ct Greensboro, 27455	0761	Check	10-21	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Regional Vice President				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Enterprise Rent-a-Car	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Ray Edwards 500 Burning tree Circle High Point NC 27265	0761	Check	10-22	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	OWNER				<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Cleaner World	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$					

4. Total only this Page \$1,600.00

5. Total of ALL CRO-1210 Pages (only show on last page) \$4,320.00  
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Unitemized (3) 100.00	0761	CASH	10-22	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Coy O Willard Jr. 449 S. Wrenn St. High Point 27260	0761	CHECK	10-22	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Billy Yow 1426 Country Lake Dr. Greensboro NC 27406	0761	CHECK	10-24	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Unitemized (5) - 100.00	0761	CASH	10-24	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
	Unitemized (4) - 50.00	0761	CASH	10-24	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Unitemized (5) - 100.00	0761	CHECK	10-25	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
	Unitemized (2) - 10.00	0761	CHECK	10-25	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00	
	Unitemized (1) - 25.00	0761	CASH	10-25	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			

4. Total only this Page \$ 2,245.00

5. Total of ALL CRO-1210 Pages \$ 6,565.00  
(only show on last page)  
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

**Contributions from POLITICAL PARTY COMMITTEES**

1. Name of Committee or Fund				2. ID Number		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
	LINDA SHAW County Commissioner Account P.O. Box 8618 Greensboro 27419	0761	check	10-8	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
	NC Realtors PAC 421 Fayetteville St. Raleigh NC 27601	0761	check	10-21	<input type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				h. Election Cycle Sum to Date \$		
<b>4. Total only this Page</b>					\$ 750.00	
<b>5. Total of ALL CRO-1220 Pages</b> (only show on last page)					\$ 750.00	
<i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

1. Name of Committee or Fund						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Camel City Posters no address available. Winston Salem N.C.		Advertising	0761	Check	9-20-02	\$ 1,092.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Rhino Times 107 E Market St. Greensboro 27429		Advertisement	0761	Check	9-21	\$ 525.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Hamburger Square P.O. Box 9335 Greensboro, 27429		Advertisement	0761	Check	9-24	\$ 300.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Arrowhead Graphics 508 Houston St. Greensboro, 27401		<del>Advertisement</del> Printing	0761	Check	9-26	\$ 724.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Lindby Park Neighborhood Assoc. NO Address Available		Advertisement	0761	Check	9-26	\$ 55.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date	
						\$	
<b>. Total only this Page</b>						<b>\$2,696.00</b>	
<b>. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							
<i>*his line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>*his line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>*his line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						<b>\$2,696.00</b>	

**Disbursements**

1. Name of Committee or Fund						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	P&M Printing NC Address Available Greensboro NC.		Printing	0761	Check	10-10	\$ 1,884.
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Rhino Times 107 E. Market St. Greensboro, 27429		Advertising	0761	Check	10-10	\$ 525.00
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Rhino Times 107 E. Market St. Greensboro, 27429		Advertising	0761	Check	10-16	\$ 525.00
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Market Team Data 390 Castle St. Winston Salem 27107		POSTAGE	0761	Check	10-21	\$ 8,926.61
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Rhino Times 107 E. Market St. Greensboro, 27429		Advertising	0761	Check	10-22	\$ 1,060.00
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
<b>. Total only this Page</b>						<b>\$12,920.61</b>	
<b>. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>						<b>\$15,616.61</b>	
<i>*his line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>*his line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>*his line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							

**Disbursements**

<b>1. Name of Committee or Fund</b>						<b>2. ID Number</b>		
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	BJ BARNES for Sheriff			Donation	0761	CHECK	9-15	\$ 200.00
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)			<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
								\$
								\$
								\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b>			<b>j. Election Cycle Sum To Date</b>	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
<b>5. Total only this Page</b>							\$	
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>							\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							\$	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							\$	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							\$	

# Outstanding Loans

1. Name of Committee or Fund		2. ID Number			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	(Candidate) Jonathan WAGSTAFF 2507 I-C FAIRFAX RD. Greensboro, NC 27407	5/18/02			\$ 905.00
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
	MANAGER	CASEY'S Catering City	\$ 905.00		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	(Candidate) Jonathan WAGSTAFF 2507 I-C FAIRFAX R.D. Greensboro, NC 27407	3-18-02			\$1,000.00
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
	MANAGER	CASEY'S C. tyo	\$1,000.00		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	(Candidate) Jonathan WAGSTAFF 2507 I-C FAIRFAX R.D. Greensboro, NC 27407	8-15			\$8,450.00
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
	MANAGER	CASEY'S C. tyo Catering	\$8,450.00		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	(Candidate) Jonathan WAGSTAFF 2507 I-C FAIRFAX R.D. Greensboro, NC 27407				\$8,000.00
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
	MANAGER	CASEY'S C. tyo CATERING	\$8,000.00		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
					\$
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
			\$		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
					\$
	e. Job Title/Profession	f. Employer's Name/Specific Field	i. Loan Balance		
			\$		
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					

4. Total only this Page

~~18,355.00~~

5. Total of ALL CRO-1430 Pages (only show on last page)

~~18,355.00~~

(This line must be on line 20 of Detailed Summary Page CRO-1100)

Debts and Obligations Owed TO the Committee

1. Name of Committee or Fund		2. ID Number			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	(Candidate) JONATHAN WAGSTAFF 2507 I-C FAIRFAX R.D. GREENSBORO, NC 27407	\$905.00	\$ 0	\$ 0	\$905.00
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	(Candidate) JONATHAN WAGSTAFF 2507 I-C FAIRFAX R.D. GREENSBORO, NC 27407	\$1000.00	<del>\$1000.00</del>	\$ 0	\$1,000.00
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	(Candidate) JONATHAN WAGSTAFF 2507 I-C FAIRFAX R.D. GREENSBORO NC 27407	\$8,450.00	\$ 0	\$ 0	\$8,450.00
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
	(Candidate) JONATHAN WAGSTAFF 2507 I-C FAIRFAX R.D. GREENSBORO, NC 27407	\$8,000.00	\$ 0	\$ 0	\$8,000.00
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
3. Debtor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Starting Balance	c. Amount Incurred	d. Amount Paid	e. Ending Balance
		\$	\$	\$	\$
	f. Description	g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page					\$18,355.00
5. Total of ALL CRO-1610 Pages (only show on last page)					\$18,355.00
(This line must be on line 22 of Detailed Summary Page CRO-1100)					