


AUG 29 2002 (pmu)
3:12pm

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			6. Date	
Routh for Board of Education Committee			Aug, 24, 2002	
2. Address			7. ID Number	
P.O. Box 115				
3. City	4. State	5. Zip	8. Phone	
Pleasant Garden	NC	27313	676-8275 or 674-7083	
9. Type of Report		10. Period Covered		11. Amendment
2002 Interim Report		Start	7/1/02	<input type="checkbox"/> Yes
		End	8/24/02	<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"/> "Booster Fund"	
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund	
<input type="checkbox"/> Other Fund: _____				
13. Treasurer Name				
Alice R. Pyle				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name				
Nancy R. Routh				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
First Citizens Bank	campaign account		\$ 2409.63	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
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.				
 _____ Signature of Appointed Treasurer or Candidate			_____ 8/25/02 Date	

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Routh for Board of Educ. Comm.	Disclosure Report		
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$ 0.00
5) Cash on Hand at Start of Present Reporting Period		\$ 2409.63	
RECEIPTS			
6) Contributions from Individuals	(CRO-1210)	\$ 1365.00	\$ 8810.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 10,000.00	\$ 15,000.00
10) Refunds and Reimbursements TO the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 2.81	\$ 6.25
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
12) "Goods and Services" Contributions	(CRO-1260)	\$ 0.00	\$ 0.00
13) Contributions based on Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
14) 48-Hour Notice Reports Sum		\$ 0.00	\$ 0.00
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)		\$ 11,367.81	\$ 23,816.25
EXPENDITURES			
16) Disbursements	(CRO-1310)		
16a) Operating Expenditures	(CRO-1310)	\$ 12,658.00	\$ 22,696.81
16b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
16c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
17) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
18) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
19) Refunds and Reimbursements FROM the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
20) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)		\$ 12,658.00	\$ 22,696.81
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)		\$ 1119.44	\$ 1119.44
Additional Information			
23) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0.00	
24) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 10,000.00	
25) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0.00	
26) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0.00	
27) Parent Entity's Administrative Support	(CRO-1710)	\$ 0.00	
28) Account Transfers	(CRO-1720)	\$ 0.00	

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Routh for Board of Ed. Committee							
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
	Clinton Gravely 502 Banner Ave. Greensboro, N.C. 27401		ck	7/01/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Architect						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	self	<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
	Helen Cook 1005 Elderwood Pl. Greensboro, N.C. 27410		ck	7/01/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	Teacher						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Guilford Co. Schools	<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
	Bettye K. Phipps 703 Woodland Dr. Greensboro, N.C. 27408		ck	7/01/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	home maker						\$
	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
	Bob Brown 727 Ritters Lake Rd. Greensboro, N.C. 27406		ck	7/02/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	retired						\$
	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
	LuAnn Clark e 1105 W. Corn Walls Dr Greensboro, N.C. 27408		ck	7/06/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						\$
	para legal						\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Connor Gunn Scherck PLLC	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page						\$ 325 -	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$	
(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			
Routh for Board of Education Comm.							
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
	Paul Riddlfi 210 W. Vandalia Rd. Greensboro, N.C. 27406		ck	7/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Minister	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
	c. Employer's Name/Specific Field						
	St. James Presb.						
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
	Ned Mc Millan 280 Fox trot Lane Stokesdale, N.C. 27357		ck	7/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Teacher	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
	c. Employer's Name/Specific Field						
	Guilford County Sch.						
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
	Melissa Mitchell 1107 Montpelier Dr Greensboro, N.C. 27410		ck	7/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	home maker	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
	c. Employer's Name/Specific Field						
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
	Evelyn Edwards 602 Rockford Rd. Greensboro, N.C. 27408		ck	7/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	home maker	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
	c. Employer's Name/Specific Field						
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
	Thorpe Jones 3105 Northampton Greensboro, N.C. 27408		cash	8/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	retired	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
	c. Employer's Name/Specific Field						
4. Total only this Page							\$ 250 -
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(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			
Routh for Board of Ed. Comm.							
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
	Barbara Vaughan 4011 Henderson Rd. Greensboro, N.C. 27410		ck	8/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
					<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
	Lewis Brandon 2308 Zornbrook Dr. Greensboro, N.C. 27406		ck	8/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25 -
					<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
	Susan Chappell 305 Kinsington Rd. Greensboro, N.C. 27403		ck	8/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25 -
					<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
	S.W. Foster, Jr. 3918 Nickory Tree Ln. Greensboro, N.C. 27405		ck	8/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20 -
					<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
	Z.N. Holler 113 S. Tremont Dr. Greensboro, N.C. 27403		ck	8/14/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<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			\$		
4. Total only this Page							\$ 220 -
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(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			
Routh for Board of Ed. Committee							
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
	Sharon O. Johnston 3014 Redford Dr. Greensboro, N.C. 27408		ck	8/14/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<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			
(self)		<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
	Helen Allegrone 925 New Garden Rd. Apt. 721 Greensboro 27410		ck	8/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<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
	Darks Fields 4805 oakcliffe Rd. Greensboro, N.C. 27406		cash	8/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10 -
					<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
	Virginia Hayes 4004 Cascade Dr. Greensboro, N.C. 27410		ck	8/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
					<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
	Palmer Smith McIntyre 709 Northridge St. Greensboro, N.C. 27403		ck	8/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 40 -
					<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		\$			
4. Total only this Page							\$ 350 -
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(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
	Edith Jones 1205 McDowell Dr Greensboro, N.C. 27408				ck	8/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
home maker			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
c. Employer's Name/Specific Field									
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
	Ruth Latham 925 New Garden Rd. Apt. 701 Greensboro, N.C. 27410				ck	8/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50 -
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
retired			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
c. Employer's Name/Specific Field									
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
	May Abernathy 303 Willoughby Blvd. Greensboro, N.C. 27408				ck	8/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100 -
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
retired			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
c. Employer's Name/Specific Field									
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
	Katherine Robison 711 Dover Rd. Greensboro, N.C. 27408				ck	8/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20 -
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
home maker			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
c. Employer's Name/Specific Field									
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
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
							<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
			<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
c. Employer's Name/Specific Field									
4. Total only this Page								\$ 220 -	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$ 1365 -	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>									

Disbursements

1. Name of Committee or Fund					2. ID Number		
Routh for Board of Education Committee							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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
	Blackwelder Communications 1700 Elkhart Drive Greensboro, NC 27408 (336) 288-6235		consult and mailing	campaign expense	check	07/09/2002	\$ 555.00
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 11,059.00
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
	N.C. Senior Democrats 2304 Wilcox Drive Greensboro, NC 27405 (336) 375-1280		program ad	advertising	check	07/16/2002	\$ 75.00
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 75.00
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
	Pleasant Garden Post P.O. Box 429 Pleasant Garden, NC 27313 (336) 476-1400		advertising	advertising	check	07/19/2002	\$ 394.00
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 394.00
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
	Mitzi Carpenter 3505 Cedar Hollow Road Greensboro, NC 27455 (336) 644-9890		graphics	graphics design	check	08/21/2002	\$ 75.00
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 75.00
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
							\$
4. Payee	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
5. Total only this Page						\$ 2,658.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 12,658.00	
(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)							

Other Receipt Sources

1. Name of Committee or Fund				2. ID Number	
Routh for Board of Education Committee					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. 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. Amount
	First Citizens Bank Campaign Account Greensboro, NC	000627081851	credit	08/07/2002	\$ 1.97
		000627081851	credit	07/08/2002	\$.84
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. 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. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. 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. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. 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. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. 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. Amount
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 2.81
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					2.81

Loan Proceeds

1. Name of Committee or Fund				2. ID Number	
Routh for Board of Education Committee					
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 %	i. Account Number/Code
	Nancy R. Routh 5802 Hagan Stone Pk. Rd. Pleasant Garden, N.C. 27313	7/02/02	Dec 31, 02		
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	Retired			check.	
	g. Security Pledged	candidate, loan to self.		k. Amount	
h. If Amendment, choose change type:					\$10,000.-
<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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
h. 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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
h. 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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
h. 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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
h. 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 %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment	
	g. Security Pledged			k. Amount	
h. If Amendment, choose change type:					\$
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
4. Total only this Page					\$10,000.-
5. Total of ALL CRO-1410 Pages (only show on last page)					\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)					