

4/30/03
CR

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

| | |
|---|-----------------|
| a. Full Name | c. ID Number |
| FRIENDS TO ELECT ALBERT A CAMPBELL | R 94 M 23 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 1726 - E NORTH HAMILTON ST HIGH POINT, NC 27262 | 9/30/03 |
| | e. Phone Number |
| | 336-882-3744 |

| | | | |
|----------------|-----------------------------------|---------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name |
| 2003 | 7/21/03 | 9/30/03 | ALBERT A CAMPBELL |

| | | | | |
|---|--------------------------------|---|---|---|
| 6. Type of Committee (Check one) | | 8. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pro-primary | <input type="checkbox"/> First Plus | <input type="checkbox"/> Final |
| <input type="checkbox"/> Soft Money Account | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Political Party Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 9. Special Report Name |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|------------------------------------|------------------------------------|---------------------------------------|-------------------------|
| 10. Account Information | | 10. Account Information | |
| a. Financial Institution Full Name | a. Financial Institution Full Name | b. Purpose | c. Code |
| BRANCH BANK & TRUST | | CHECKING FOR RECEIPTS & DISBURSEMENTS | 1571 |
| | | | d. Period Begin Balance |
| | | | \$ 1285.00 |

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.

Albert A. Campbell
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

9/30/03
 Date

FOR OFFICE USE ONLY

| | | |
|------------------------|-----------------|--|
| Date Received: _____ | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |

Detailed Summary

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-------------------|-----------------------------|---------------------------|
| FRIENDS TO ELECT ALBERTA CAMPBELL | 35 DAY | R94M23 | |
| Start of Election Cycle: January 1, <u>2003</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1285.00 | \$ 1285.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 1860.00 | \$ 2120.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 700.00 | \$ 1800.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 525.00 | \$ 525.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | (CRO-1250) | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 12) "Goods and Services" Contributions | (CRO-1260) | \$ | \$ |
| 13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i> | | \$ 3085.00 | \$ 4445.00 |
| EXPENDITURES | | | |
| 14) Disbursements | (CRO-1310) | | |
| 14a) Operating Expenditures | (CRO-1310) | \$ 2131.95 | \$ 2186.95 |
| 14b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 14c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i> | | \$ 2131.95 | \$ 2186.95 |
| 19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i> | | \$ | \$ 2258.05 |
| 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 | | \$ | \$ |

Contributions from Individuals

Amendment
 Yes No

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS TO ELECT ALBERT & CAMPBELL | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| THADDEUS & DOROTHY WALKER | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Cycle Sum to Date | |
| | | | | | | \$ 00.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1571 | CK | | 9/03/03 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ROB & SARAH FRENCH | | | | SELF EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Cycle Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1571 | CK | | | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| NICHOLAS E. HARVEY 1002 N QUEEN ST KINSTON, NC | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF | | e. Election Cycle Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1571 | CK | | | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 700.00 | |

Aggregated Contributions from Individuals

Amendment
 Yes No

| | |
|---|--------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| FRIENDS TO ELECT ALBERT A CAMPBELL | |

| 3. Contributor Information | | | | | |
|---|-----------------|--------------------|------------------------|----------------------|---------------------|
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1571 | CHK | 7/22/03 | 7/22/03 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 7/22/03 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 7/23/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 7/23/03 | \$ 60.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 7/24/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 7/25/03 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/02/03 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/12/03 | \$ 75.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/12/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/15/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/05/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/05/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/10/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/10/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/10/03 | \$ 30.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/10/03 | \$ 75.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/28/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 8/28/03 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 9/04/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 9/06/03 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 9/06/03 | \$ 35.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 9/06/03 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | 9/12/03 | \$ 50.00 |

| | |
|--|------------|
| 4. Total only this Page | \$ 920.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | \$ 1860.00 |

Other Receipt Sources

| | | | | | |
|---|--|---|---------------------------|--|------------------|
| 1. Name of Committee or Fund | | 2. ID Number | | | |
| FRIENDS TO ELECT PLEBERT A CAMPBELL | | R94M23 | | | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input 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 |
| | NC RPAC #1 HANOVER PL STE 1109 RALEIGH, NC 2760 | 1571 | CK | 7/25/03 | \$ 300.00 |
| | | | | | \$ |
| | | | | | \$ |
| 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 |
| | BUILD POLITICAL ACTION PO BOX 99090 RALEIGH NC 27264 | 1571 | CK | 9/25/03 | \$ 225.00 |
| | | | | | \$ |
| | | | | | \$ |
| 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 | | | | \$ 525.00 | |
| 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> | | | | | |

Disbursements

| | | | | | | | | |
|--|--|--|--|--|-------------------------------|---------------------------|--------------------------------------|------------------|
| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
| FRIENDS TO ELECT ALBERT A. CAMPBELL | | | | | | R94M23 | | |
| 3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursement.) | | | | | | | | |
| <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 |
| | STAPLES 887-0043 N. MAIN ST 27262 HIGH POINT NC | | | PRINTING | 1571 | CK | 8/20 | \$ 187.20 |
| 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 | | | \$ | |
| 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 |
| | STAPLES 887-0043 N. MAIN ST HIGH POINT NC 27262 | | | PRINTING | 1571 | CASH | 8/8/03 | \$ 119.84 |
| 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 | | | \$ | |
| 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 |
| | STAPLES 887-0043 N MAIN ST HIGH POINT NC 27262 | | | PRINTING | 1571 | CASH | 9/7/03 | \$ 103.29 |
| 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 | | | \$ | |
| 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 |
| | STAPLES 887-0043 N MAIN ST H.P 27262 | | | PRINTING | 1571 | CASH | 9/4/03 | \$ 52.70 |
| 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 | | | \$ | |
| 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 |
| | STAPLES 887-0043 N MAIN ST HIGH POINT NC 27262 | | | PRINTING | 1571 | CASH | 8/27/03 | \$ 20.70 |
| 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 | | | | | | | \$ 481.73 | |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | | \$ 2131.45 | |
| <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> | | | | | | | | |

Disbursements

| | | | | | | | | |
|--|--|---|--|---|-------------------------------|--|--------------------------------|------------------|
| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
| FRIENDS TO ELECT ALBER A. CAMPBELL | | | | | | R94023 | | |
| 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 |
| | STAPLES 887-0043 N MAIN ST HIGH POINT NC 27262 | | | OFFICE | 1571 | CASH | 9/03/03 | \$ 34.21 |
| | | | | SUPPLIES | | | | \$ |
| 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 |
| | STAPLES 887-0043 N MAIN ST HIGH POINT NC 27262 | | | PRINTING | 1571 | CASH | 9/13/03 | \$ 47.62 |
| | | | | | | | | \$ |
| 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 |
| | STAPLES 887-0043 NORTH MAIN ST HIGH POINT NC 27262 | | | PRINTING | 1571 | CASH | 8/23/03 | \$ 30.78 |
| | | | | | | | | \$ |
| 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 |
| | OFFICE DEPOT 274 EASTCHESTER DR HIGH POINT NC 27262 | | | OFFICE | 1571 | CASH | 9/14/03 | \$ 28.49 |
| | | | | SUPPLIES | | | | \$ |
| 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 |
| | ALACORN, INC 1726-B N HARRINGTON ST HIGH POINT NC 27262 | | | SIGNS | 1571 | CASH | 9/2/03 | \$ 1292.65 |
| | | | | | | | | \$ |
| 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 \$ | | |
| 5. Total only this Page | | | | | | | | \$ 1433.75 |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | | | \$ 2131.95 |
| (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) | | | | | | | | |

Disbursements

| | | | | | | |
|--|---|---|--|-----------------------------------|--|------------------------------|
| 1. Name of Committee or Fund FRIENDS TO ELECT ALBERT A CAMPBELL | | 2. ID Number R94M23 | | | | |
| 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) RACE TRAC 869-9740 N MAIN ST HIGH POINT NC 27262 | d. Purpose GAS | e. Account Number/Code 1571 | f. Form of Payment CASH | g. Date (mm/dd/yyyy) 8/13/03 | h. Amount \$25.13 |
| | 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) RACE TRAC 869-9740 N MAIN ST HIGH POINT NC 27262 | d. Purpose GAS | e. Account Number/Code 1571 | f. Form of Payment CASH | g. Date (mm/dd/yyyy) 8/29/03 | h. Amount \$ 22.36 |
| | 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) RACE TRAC 869-9740 SAME | d. Purpose GAS | e. Account Number/Code 1571 | f. Form of Payment CASH | g. Date (mm/dd/yyyy) 8/22/03 | h. Amount \$ 20.01 |
| | 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) RACE TRAC SAME | d. Purpose GAS | e. Account Number/Code 1571 | f. Form of Payment CASH | g. Date (mm/dd/yyyy) 9/03/03 | h. Amount \$ 25.03 |
| | 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) RACE TRAC SAME | d. Purpose GAS | e. Account Number/Code 1571 | f. Form of Payment CASH | g. Date (mm/dd/yyyy) 9/29/03 | h. Amount \$ 20.00 |
| | 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 \$ | |
| 5. Total only this Page | | | | | | \$ 112.50 |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | \$ 2131.95 |
| (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) | | | | | | |

Disbursements

| | | | | | | | | |
|--|--|---|--|--|-------------------------------|--------------------------------------|--------------------------------|------------------|
| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
| FRIENDS TO ELECT ALBERT A CAMPBELL | | | | | | R94M23 | | |
| 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 |
| | US POSTAL SERVICE HIGH POINT MAIN HIGH POINT NC | | | POSTAGE | 1571 | CASH | 8/27/03 | \$ 37.00 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| 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 | | \$ | | |
| 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 |
| | RACE TRAC 869-9740 N MAIN ST HIGH POINT 27262 | | | GAS | 1571 | CASH | 9/11/03 | \$ 20.00 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| 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 | | \$ | | |
| 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 |
| | RACE TRAC SAME | | | GAS | 1571 | CASH | 9/23/03 | \$ 20.01 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| 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 | | \$ | | |
| 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 |
| | UNITED WAY OF H P 201 N CHURCH AVE | | | LUNCHEON | 1571 | CASH | 9/16/03 | \$ 12.00 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| 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 | | \$ | | |
| 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 |
| | GOLDEN CORRAL #702 WENDOVER AVE GREENSBORO, NC | | | CAMPAIGN DINNER | 1571 | CASH | 9/16/03 | \$ 14.96 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| 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 | | | | | | | \$ 103.97 | |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | | \$ 2131.95 | |
| (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) | | | | | | | | |