

9/29/03

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
SMOTHERS FOR MAYOR		OPYW72
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
1843 COUNTRY CLUB DRIVE HIGH POINT, NC 27262		9/26/03
		e. Phone Number
		(336) 882-0662

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2003	7/24/03	9/23/03	J.W. McGUINN, JR

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

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZEN BANK			
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN CASH RECEIPTS AND DISBURSEMENTS	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1910.96		\$

**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.

J.W. McGUINN, JR                      [Signature]                      9/26/03  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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: _____	

REV D 2-03-2004

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
SMOTHERS FOR MAYOR						OPYW 72	
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
	NORMAN G. SAMET P.O. BOX 8050 GREENSBORO, NC 27419	1	CHECK	9/2/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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			
CHAIRMAN		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field		k. Election Cycle Sum to Date					
SAMET CORPORATION		\$					
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
	ARTHUR L. SAMET P.O. BOX 8050 GREENSBORO, NC 27419	1	CHECK	9/8/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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			
PRESIDENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field		k. Election Cycle Sum to Date					
SAMET CORPORATION		\$					
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
	ROSE ANNALD ACKERMAN 212 MANCHESTER PLACE GREENSBORO, NC 27410	1	CHECK	8/25/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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			
BUSINESS WOMAN		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field		k. Election Cycle Sum to Date					
		\$					
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
	GROVER SHUGART, JR. 3015 MAPLEWOOD AVE. SUITE 201 WINSTON SALEM, NC 27103	1	CHECK	9/2/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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			
REAL ESTATE INVESTMENT		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
c. Employer's Name/Specific Field		k. Election Cycle Sum to Date					
		\$					
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. DAVIS PHILLIPS MARKET SQUARE TOWN HIGH POINT, NC 27660	1	CHECK	8/25/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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		k. Election Cycle Sum to Date					
		\$					
4. Total only this Page							\$ 2,500.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on the 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
SMOTTERS FOR MAYOR				OPYW 72			
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
	BARRY SIEGAL 219 SHADOWLAWN DRIVE JAMESTOWN, NC 27282	1	CHECK	8/19/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession REAL ESTATE				<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
	M. WILLARD TUCKER 8109 THORN DICE ROAD GREENSBORO, NC 27409	1	CHECK	8/19/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession REAL ESTATE				<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
	JOHN C. SCARLE 1210 WESTWOOD AVE HIGH POINT, NC 27262	1	CHECK	9/2/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 400.00
	b. Job Title/Profession 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			
THE SCARLE FOUNDATION		<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
	JAMES P. HANSEN 1500 COUNTRY CLUB DRIVE HIGH POINT, NC 27262	1	CHECK	8/1/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00
	b. Job Title/Profession 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
	RAYON P. HOFFMAN P.O. BOX 6419 HIGH POINT, NC 27262	1	CHECK	9/15/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession 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			
HOFFMAN BUSINESS		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 1900.00
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			
SHOOTERS FOR MAYOR				OPYW 72			
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
	WILLIAM A. HOLMES, JR 1009 WICKLIFF HIGH POINT, NC 27262	1	CHECK	7/23/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	CHAIRMAN	<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
	W. VAN DYKE 905 ARBORDALE AVE. HIGH POINT, NC 27262	1	CHECK	8/7/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	CHAIRMAN	<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
	COX O. WILLIAMS JR 449 S. WRENN ST. HIGH POINT, NC 27260	1	CHECK	7/28/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	PRESIDENT	<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
	CHARLES E. POWERS 539 W. PARKWAY AVE HIGH POINT, NC 27262	1	CHECK	7/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	PRESIDENT	<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
	ARNOLD L. JONES 3516 KINNETT DRIVE HIGH POINT, NC 27260	1	CHECK	8/12/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	PRESIDENT	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page							\$ 950.00
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			
SMOTHERS FOR MAYOR				OPYW 72			
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
	AGGREGATED INDIVIDUAL CONTRIBUTIONS	1	CHECKS		<input type="checkbox"/>	<input type="checkbox"/>	\$ 4893.00
					<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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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							\$ 4893.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 10,043.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

1. Name of Committee or Fund <i>SMOTHERS FOR MAYOR</i>					2. ID Number <i>OPYW72</i>		
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
	<i>MARTY DESIGNS</i> <i>P.O. BOX 36</i> <i>CLIMAX, 27233</i>		<i>WEB DESIGN</i>	<i>1</i>	<i>CHECK</i>	<i>8/18/03</i>	<i>\$ 165.00</i>
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
	<i>HIGH POINT ENTERPRISE</i> <i>210 CHURCH STREET</i> <i>HIGH POINT, NC 29261</i>		<i>ADS</i>	<i>1</i>	<i>CHECK</i>	<i>9/15/03</i>	<i>\$ 805.95</i>
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
	<i>NEWS &amp; RECORD</i>		<i>ADS</i>	<i>1</i>	<i>CHECK</i>	<i>9/15/03</i>	<i>\$ 704.96</i>
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
							\$
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
							\$
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							\$ <i>1675.91</i>
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(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 Comms)							\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							\$

Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
SMOTHERS FOR MAYOR	THIRTY FIVE DAY	DPYW 72	
Start of Election Cycle: January 1, 2003	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1910.96	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 4893.00	\$	
6) Contributions from Individuals (CRO-1210)	\$ 5350.00	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 10,043.00	\$	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 1,675.91	\$	
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 (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 10,278.05	\$	
<b>ADDITIONAL INFORMATION</b>			
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	\$	\$	