

RECEIVED

JAN 29 2004

Disclosure Report Cover

GUILFORD COUNTY
BOARD of ELECTIONS

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 Yvonne J. Johnson for City Council At Large		c. ID Number 58-1484818
b. Mailing Address (include City, State and Zip Code) P.O. Box 14654 Greensboro NC 27415		d. Date Filed Jan. 30, 2004
		e. Phone Number 336-375-6109

2. Report Year 2003	3. Period Start Date (mm/dd/yyyy) 11/04/2003	4. Period End Date (mm/dd/yyyy) 12/31/2003	5. Treasurer Full Name Marla Mills Spruill
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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"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input checked="" type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> NC Political Party Financing Fund		<input checked="" type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
<input checked="" 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 Wachovia Bank		a. Financial Institution Full Name	
b. Purpose Checking for receipts and expenses	c. Code 1026	b. Purpose	c. Code
	d. Period Begin Balance \$8014.27		d. Period Begin Balance \$

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.

Marla Mills Spruill Marla Mills Spruill 1/30/04
Printed Name of Signer Signature of Appointed Treasurer 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
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Yvonne J. Johnson for City Council	2003 Year End Semi Annual	58-1484818	
Start of Election Cycle: January 1, 2003	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 8014.27	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1870.00	\$	
6) Contributions from Individuals (CRO-1210)	\$ 300.00	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$ 900.00	\$	
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 (LINKIND) (CRO-1250)	\$ 717.40	Non-deposit *	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 3787.40	\$	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 3140.00	\$	
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)	\$ 717.40 *		
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 3857.40	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 7944.27	\$	
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 *Aggregated*

1. Name of Committee or Fund				2. ID Number			
Vonne J. Johnson for City Council At Large				58-1484818			
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
	Richard Earley 2406 Hill-N. Dale Drive Greensboro NC 27408 282-6821	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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		\$			
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
	Wanda Bracks Daughtry 5307 Crosswinds Ct. McLeansville, NC 27301 697-9772	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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		\$			
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
	Richard Fox 147 Kingston Dr. Chapel Hill, NC 27514 933-4398	1026	check	11/02/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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		\$			
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
	Roy Carroll II 3619 Camden Falls Circle Greensboro NC 27410	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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		\$			
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
	Curtis Nichols 3914 Sandlewood Rd High Pt. NC 27265 887-9111	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	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							\$ 500.00
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							\$

1. Name of Committee or Fund <i>Vonne J. Johnson for City Council At Large</i>						2. ID Number <i>58-1484818</i>	
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
	<i>Alvin Leonard Jr. 5620 Cape Fox Drive Oak Ridge NC 27310 643-0294</i>	<i>1026</i>	<i>check</i>	<i>10/31/03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>\$ 100.00</i>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		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
	<i>Cheryl Wilson 601 Richardson St Greensboro NC 27403 274-7986</i>	<i>1026</i>	<i>check</i>	<i>10/31/03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>\$ 100.00</i>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		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
	<i>Melvin Swann 1703 Milan Rd Greensboro NC 27410 282-0191</i>	<i>1026</i>	<i>check</i>	<i>11/5/03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>\$ 100.00</i>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		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
	<i>Thomas Brewington Wilpar Estates Greensboro NC 27406</i>	<i>1026</i>	<i>check</i>	<i>11/02/03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>\$ 100.00</i>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		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
	<i>Judith Williams 200 Sunset Drive Greensboro NC 27408 274-4080</i>	<i>1026</i>	<i>check</i>	<i>10/30/03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>\$ 100.00</i>
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
4. Total only this Page							\$ <i>500.00</i>
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from INDIVIDUALS *Aggregated*

1. Name of Committee or Fund Vonne J. Johnson for City Council At Large						2. ID Number 58-1484818	
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
	Robert Brown 1129 Pennywood Rd High Point, NC 27265	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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
	Waddell Pearson 2416 Atlanta St Greensboro NC 27406	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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
	Patrick Ballen 4411 Green Forest Road Greensboro NC 27410	1026	check	11/05/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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
	Waddell Hinnant 1011 Broad Ave Greensboro NC 27406 274-1285	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<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
	Anne Hummel 1907 Rosecrest Dr. Greensboro NC 27408 288-7237	1026	check	10/31/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<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		\$			
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from INDIVIDUALS *Aggregated*

1. Name of Committee or Fund				2. ID Number			
Vonne J. Johnson for City Council At Large				58-1484818			
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
	Lauretta Moore 1514 Dunbar St Greensboro NC 27401 378-1414	1026	check	11/3/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<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
	Felita Donnell 3215 Twin Brooks Dr. Greensboro NC 27407 547-0373	1026	check	11/4/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<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
	Jeffrey T. Nimmer 1006 Stagecoach Trail Greensboro NC 27410	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 95.00
					<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
	James Soloman 803 Jefferson Wood Lane Greensboro NC 27410 915-0805	1026	check	10/20/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<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
	Alberta Cuthbertson 3109 Winchester Dr. Greensboro NC 27406 275-2789	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<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		\$			
4. Total only this Page							\$ 195.00
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1160)</small>							

Contributions from INDIVIDUALS *Aggregated*

1. Name of Committee or Fund				2. ID Number			
Vonne J. Johnson for City Council At Large				58-1484818			
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
	Gertrude Morrow 1207 Stephens Greensboro NC 27406 274-2256	1026	check	10/28/03	<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		\$			
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
	Ernestine Taylor 404 Quick Silver Ct. Greensboro NC 27455	1026	check	11/02/03	<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		\$			
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
	Cheryl Spaulding 5823 Kenville Green Circle Kernersville NC 27284 996-2400	1026	check	11/02/03	<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		\$			
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
	David Devries 3606 Camden Falls Circle Greensboro NC 27410	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	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		\$			
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
	J. Douglas Galyon, Sr. 3704 Chiswell Court Greensboro NC 27410	1026	check	11-8-03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	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							\$ 175.00
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from INDIVIDUALS *Aggregated*

1. Name of Committee or Fund						2. ID Number			
Vonne J. Johnson for City Council At Large						58-1484818			
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
	Doug Torn 2902 Turner Grove Dr N Greensboro NC 27455			1026	check	2/3/2003	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
							<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
				1026	check		<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
				1026	check		<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
				1026	check		<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
				1026	check		<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								\$ 100.00	
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>								\$ 1870.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>									

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Vonne J. Johnson for City Council At Large						58-1484818	
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
	Enola Nixon 4223 Farlow Dr. Greensboro NC 27406	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	postmaster				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	US Postoffice	<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
	Jon Amundson P.O. Box 4902 Greensboro NC 27404	1026	check	10/30/03	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	CEO				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Alternative Counseling Center	<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
		1026			<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"/>	\$
					<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
		1026			<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"/>	\$
					<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
		1026			<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"/>	\$
					<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						\$ 300.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 300.00	
(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	
Yvonne J. Johnson for City Council At Large					58-1484818	
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 RPAC #1 Handover Pl., Ste 1109 Raleigh, NC 27601 4511 Weybridge Lane Greensboro, NC 27407	1026	check	10/29/03	<input type="checkbox"/>	\$ 900.00
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
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
		1026			<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
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
		1026			<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
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
		1026			<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
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
		1026			<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
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
		1026			<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. If Amendment, choose change type:					h. Election Cycle Sum to Date	
<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1220 Pages (only show on last page)					\$ 900.00	
<i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements To the Committee

Page ____ of ____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Yvonne J. Johnson for City Council					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Cycle Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
NONE			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Cycle Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Cycle Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$
5. Total of ALL CRO-1240 Pages					\$
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$

Other Receipt Sources

(IN-Kind)

Page ___ of ___

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Yvonne J. Johnson for City Council At Large				58-1484818	
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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Henry Isaacson 5 Pontesbury Pl Greensboro NC 27408					
			c. Outside Source Explanation		
				e. Election Cycle Sum to Date	
				\$ 239.14	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1026	NO money	- sent out mailers		\$	
	deposited	printing/postage		\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Marc L. Isaacson 2308 Princess Ann St Greensboro NC 27408					
			c. Outside Source Explanation		
				e. Election Cycle Sum to Date	
				\$ 239.13	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1026	NO money	sent out mailers		\$	
	deposited	printing & postage		\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Desmond G. Sheridan 101 W Friendly Ave Greensboro NC 27410					
			c. Outside Source Explanation		
				e. Election Cycle Sum to Date	
				\$ 239.13	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1026	NO money	sent out mailers		\$	
	deposited	printing & postage		\$	
5. Total only this Page				\$ 717.40	
6. Total of ALL CRO-1250 Pages				\$ 717.40	
<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 Yvonne J. Johnson for City Council At Large					2. ID Number 58-1484818		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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
	Laughlin Memorial Church 1417 Huffine Mill Rd Greensboro NC 27405		Ad	1026	check	10/28/03	\$ 50.00
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
	Jacqueline Kpeglo 1402 Sherrod Watlington Ct Greensboro NC 27406		snacks for maulers	1026	check	10/24/03	\$ 60.00
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
	Hayes Taylor YMCA Market St Greensboro NC		Ad-Banquet	1026	check	10/29/03	\$ 100.00
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
	Mary Brooks Koulibaly 1315 Woodbriar Ave Greensboro NC 27405		caterer appreciation dinner	1026	check	10/31/03	\$ 177.00
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
	Jacqueline Kpeglo 1402 Sherrod Watlington Ct Greensboro NC 27406		lunches for poll workers	1026	check	10/31/03	\$ 100.00
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		\$	
5. Total only this Page							\$ 367.00
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(This line goes in line 13c 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	
Yvonne J. Johnson for City Council At Large						58-1484818	
3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursements.)</small>							
<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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Rosenell Sutton 1607 Sir Galahad Rd Greensboro NC 27405		poll worker	1026	check	11/01/03	\$ 100.00
					1058		\$
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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Guilford Co. Democratic Party Greensboro NC		Unity Dinner	1026	check	11/01/03	\$ 180.00
					1059		\$
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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Portia Shipman 2500 Daye Dr. Greensboro NC 27406		transport	1026	check	11/03/03	\$ 25.00
			poll workers		1060		\$
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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Phillip Rankin 5D. Spring Court Greensboro NC 27405		poll worker	1026	check	11/03/03	\$ 100.00
					1061		\$
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 <small>(include city, state, and zip)</small>		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Daniel Williams 1728 Dunbar St Greensboro NC 27401		poll worker	1026	check	11/04/03	\$ 100.00
					1062		\$
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							\$ 505.00
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>							\$
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							

Disbursements

1. Name of Committee or Fund				2. ID Number		
Yvonne J. Johnson for City Council At Large				58-1484818		
3. Type of Disbursement <small>(Please use separate CRO-1330 forms for each type of Disbursement.)</small>						
<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 <small>(include city, state, and zip)</small>	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Portia Shipman 2500 Daye Dr. Greensboro NC 27406	for 9 pollworkers	1026	check 1064	11/04/03	\$ 900.00
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 \$ 925.00		
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Jonathan Perry 4311 King Arthur Court Greensboro NC 27405	poll worker	1026	check 1065	11/04/03	\$ 100.00
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 \$ 265.00		
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Arlington Milner 2615 Yanceyville St. # A Greensboro NC 27405	poll worker	1026	check 1066	11/04/03	\$ 100.00
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 <small>(include city, state, and zip)</small>	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Tina Potts 1407 S. English St Greensboro NC 27401	poll worker	1026	check 1067	11/04/03	\$ 100.00
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 <small>(include city, state, and zip)</small>	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <small>(mm/dd/yyyy)</small>	h. Amount
	Chantelle Grady 4306 King Arthur Court Greensboro NC 27405	poll worker	1026	check 1068	11/04/03	\$ 100.00
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 \$ 175.00		
5. Total only this Page					\$ 1300.00	
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>					\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						

Disbursements

1. Name of Committee or Fund Yvonne J. Johnson for City Council At Large				2. ID Number 58-1484818		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursement.)						
Operating Expenses		Contributions to Candidates/Political Committees		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
	Robin Goins 4310 King Arthur Pl. Greensboro NC 27405	poll worker	1026	check	11/04/03	\$ 100.00
				1069		\$
						\$
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
	Down Hill 5307 Hollyridge Rd Greensboro NC 27455	Thank You Cards	1026	check	11/11/03	\$ 94.00
				1070		\$
						\$
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		\$ 164.00
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
	US Postmaster Greensboro NC 27401	stamps for Thank You Cards	1026	check	11/14/03	\$ 74.00
				1071		\$
						\$
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
	Wachovia Bank Greensboro NC	STOP Check Pymt	1026	check	11/06/03	\$ 30.00
						\$
						\$
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
	Dianne Munden 501 Bennett St Greensboro NC 27406	Telephone Bank paid \$50 to 4 people \$100. - to Munden	1026	check	11/15/03	\$ 300.00
				1072		\$
						\$
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					\$ 598.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)					\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						

Disbursements

1. Name of Committee or Fund Yvonne J. Johnson for City Council At Large				2. ID Number 58-1484818		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursement.)						
Operating Expenses		Contributions to Candidates/Political Committees		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
	Black Child Development Market St. Greensboro NC 27401	Ad	1026	check	11/17/03	\$100.00
				1074		\$
						\$
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
	Cameron Falkner 133 N Dudley St Greensboro NC 27401	poll worker	1026	check	11/17/03	\$100.00
				1073		\$
						\$
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
	Karen Hayes Bennett Student Greensboro NC 27401	poll worker	1026	check	11/20/03	\$75.00
				1075		\$
						\$
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
	Jonathan Perry 4311 King Arthur Court Greensboro NC 27405	putting out signs	1026	check	10/24/03	\$75.00
				1051		\$
						\$
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		\$ 340.00
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
			1026	check		\$
						\$
						\$
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					\$350.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)					\$3140.00	
(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)						