

# 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.

## I. Committee Information

a. Full Name <b>ELECT Jim STANLEY Committee</b>	c. ID Number <b>JHY 3 EX</b>
b. Mailing Address (include City, State and Zip Code) <b>1320 Westminster Drive High Point, N.C. 27262</b>	d. Date Filed <b>1-20-04</b>
	e. Phone Number <b>336-882-0554</b>

2. Report Year <b>2003</b>	3. Period Start Date (mm/dd/yyyy) <b>10-21-03</b>	4. Period End Date (mm/dd/yyyy) <b>12-31-2003</b>	5. Treasurer Full Name <b>Jim Stanley</b>
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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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 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"/> Pre-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	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<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 <b>HIGH POINT BANK &amp; TRUST CO.</b>		a. Financial Institution Full Name	
b. Purpose <b>FOR ALL CAMPAIGN RECEIPTS &amp; EXPENSES</b>	c. Code <b>5262</b>	b. Purpose	c. Code
	d. Period Begin Balance <b>\$ 3,385.62</b>		d. Period Begin Balance <b>\$</b>

## 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.

**Jim STANLEY**  
 Printed Name of Signer

*[Signature]*  
 Signature of Appointed Treasurer

**1-20-04**  
 Date

## FOR OFFICE USE ONLY

Date Received: _____	Employee: _____
Date Postmarked: _____	Employee: _____
Date Scanned: _____	Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

*ps* **JAN 20 2004** ✓

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
ELECT Jim STANLEY Committee	Municipal Year-End	JH43 EX	
Start of Election Cycle: January 1, 2003	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 3,335.62	\$ 109.55	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 100.00	\$ 3,340.45	
6) Contributions from Individuals (CRO-1210)	\$ 350.00	\$ 2,800.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 350.00	
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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 450.00	\$ 6,490.45	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 3,338.04	\$ 6,152.42	
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)	\$ 3,338.04	\$ 6,152.42	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 447.58	\$ 447.58	
<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	\$	\$	



**Contributions from Individuals**

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ELECT Jim Stanley Committee						JHY 3 EX	
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	
MARSHA SLANE 1210 Westwood Ave. High Point, N.C. 27262 336-883-2834				Community Leader			
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Check		10-22-03	\$200.00		
<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	
KENNETH W. McALLISTER 290 CASCADE DRIVE HIGH POINT, N.C. 27865 336-541-0906				ATTORNEY			
				c. Employer's Name/Specific Field			
				LAW			
						e. Election Cycle Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Check		10-28-03	\$150.00		
<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	
				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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$350.00	
5. Total of ALL CRO-1210 Pages						\$350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>ELECT Jim Stanley Committee</b>				2. ID Number <b>JHY 3 EX</b>	
3. Type of Disbursement (Please use separate CRO-1310 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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 274 EASTCHESTER DRIVE HIGH POINT, N.C. 27262 336-869-8744					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$178.76	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5262	CHECK	COPIES	10-22-03	\$14.04	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
POSTMASTER HIGH POINT, N.C. 27262 800-275-8777					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$203.50	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5262	CHECK	POSTAGE	10-22-03	\$74.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
ALAN STANLEY 1815 RIVERTRACE PT. HIGH POINT, N.C. 27265 336-886-1288					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$250.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5262	CHECK	CAMPAIGN BUDGET EXPENSE	11-6-03	\$250.00	
				\$	
5. Total only this Page				\$338.04	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$3,338.04	

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>LET Jim Stanley Committee</b>				2. ID Number <b>JHY 2 &amp;</b>	
3. Type of Disbursement (Please use separate CRO-1310 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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>James A. STANLEY 1320 WESTMINSTER DRIVE HIGH POINT, N.C. 27262 926-882-0554</b>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$1,500.00</b>
f. Account Code <b>5262</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>PARTIAL REIMBURSEMENT OF CAMPAIGN EXPENSES</b>	i. Date (mm/dd/yyyy) <b>11-7-03</b>	j. Amount <b>\$1,500.00</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>HIGH POINT UNIVERSITY COLLEGE REPUBLICANS CLUB CAMPUS BOX 3447 833 MOUNT LIEU AVENUE HIGH POINT, N.C. 27265 304-283-5975</b>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$500.00</b>
f. Account Code <b>5262</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>CLUB MEMBERS CAMPAIGN WORK</b>	i. Date (mm/dd/yyyy) <b>11-12-03</b>	j. Amount <b>\$500.00</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Louise K. STANLEY 1920 WESTMINSTER DRIVE HIGH POINT, N.C. 27262 926-882-0554</b>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$350.00</b>
f. Account Code <b>5262</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>CAMPAIGN WORK EXPENSES</b>	i. Date (mm/dd/yyyy) <b>12-1-03</b>	j. Amount <b>\$350.00</b>	
5. Total only this Page				<b>\$2,350.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				<b>\$3,338.04</b>	

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>ELECT JIM STANLEY COMMITTEE</b>				2. ID Number <b>JHY 3 EX</b>	
3. Type of Disbursement (Please use separate CRO-1310 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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>PAT MILBURN 702 CLIFFSIDE DRIVE HIGH POINT, N.C. 27260 (UNLISTED PHONE #)</b>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$ 50.00</b>
f. Account Code <b>5262</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>CAMPAIGN WORK EXPENSES</b>	i. Date (mm/dd/yyyy) <b>6-1-03</b>	j. Amount <b>\$ 50.00</b>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>EMERWOOD BAPTIST CHURCH 1300 COUNTRY CLUB DRIVE HIGH POINT, N.C. 27262 336-885-6016</b>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$ 600.00</b>
f. Account Code <b>5262</b>	g. Form of Payment <b>CHECK</b>	h. Purpose <b>DONATION</b>	i. Date (mm/dd/yyyy) <b>12-5-03</b>	j. Amount <b>\$ 600.00</b>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date <b>\$</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				<b>\$ 650.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				<b>\$ 3,328.04</b>	