

Rec 4-26-04
FC

Disclosure Report Cover

APR 26 2004

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 <i>Committee to Elect Bill Wright</i>		c. ID Number <i>27-0085573</i>
b. Mailing Address (include City, State and Zip Code) <i>Committee to Elect Bill Wright P.O. Box 518 Pleasant Garden, NC 27333</i>		d. Date Filed <i>04-26-2004</i>
		e. Phone Number <i>336-456-2045</i>

2. Report Year <i>2004</i>	3. Period Start Date (mm/dd/yyyy) <i>4-16-2004</i>	4. Period End Date (mm/dd/yyyy) <i>4-26-2004</i>	5. Treasurer Full Name <i>Cheyl Dianne Crawford</i>
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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	Municipal		
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>Bank of America</i>		a. Financial Institution Full Name	
b. Purpose <i>for all campaign expenses</i>	c. Code <i>522</i>	b. Purpose	c. Code
	d. Period Begin Balance \$		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.

DIANNE CRAWFORD *Cheyl Dianne Crawford* *04-26-2004*
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Committee to Elect Bellamy		2004-1st Quarter Report	27-00855B
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2572.69	\$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 628.00	\$ 1045.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$ 3,000.00	\$ 5147.69
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 1,000.00	\$ 1,247.69
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)		\$ 3620.00	\$ 6,192.69
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 2759.62	\$ 2752.62
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)		\$ 2759.62	\$ 2752.62
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 3733.07	\$ 3440.07
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

Pg ____ of ____

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

1. Committee Full Name (and Fund, if applicable)					2. ID Number	
Committee to Elect Bill Ward					27-0085513	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
J. Spence 4400 Wild Oak Lane Greensboro, NC 27406						
					e. Election Cycle Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	522	check		04-20-2004	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shirley Spars 508 Willoughby Blvd. Greensboro, N.C. 27408						
					e. Election Cycle Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	522	check		04-20-2004	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles Reith 1029 Rusby Rd Pleasant Garden						
					e. Election Cycle Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	522	check		04-20-2004	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1045.00	

Contributions from Individuals

Pg ____ of ____

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Committee Full Name (and Fund if applicable) <i>Committee To Elect Bill Wright</i>					2. ID Number <i>27-0085373</i>	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Kerry Bourque 7247 Bullock Julian, NC 27283</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>10.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-20-2004</i>	\$ <i>10.00</i>	
<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) <i>Phillip Way P.O. Box 389 Pleasant Garden, NC 27313</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-20-2004</i>	\$ <i>100.00</i>	
<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) <i>Donald Whitaker 7249 Bramson Mill Rd Pleasant Garden, NC 27313</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>50.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-21-2004</i>	\$ <i>50.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>160.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <i>1045.00</i>	

Contributions from Individuals

Pg ____ of ____

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Committee Full Name (and Fund if applicable) <i>Committee To Elect Bill Weycht</i>						2. ID Number <i>27-1088573</i>	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Mary Ann McHabb</i>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date		\$ <i>25.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-21-2004</i>	\$ <i>25.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Bill Riddle 9303 Hwy 22 South Pleasant Garden, NC 27133</i>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date		\$ <i>50.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-22-2004</i>	\$ <i>50.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Martha Williams 3200 Country View Greensboro, NC 27406</i>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date		\$ <i>15.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-22-2004</i>	\$ <i>15.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <i>85.00</i>		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <i>1045.00</i>		

Contributions from Individuals

Pg ____ of ____

Amendment Yes No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Bill Wright</i>						2. ID Number <i>27-008573</i>
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Phyllis Gibbs 4311 Burnings Bend Dr. Greensboro, NC 27313</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>200.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-22-04</i>	\$ <i>100.00</i>	
<input checked="" type="checkbox"/>	<i>522</i>	<i>Cash</i>		<i>04-05-2004</i>	\$ <i>100.00</i>	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>John Carroll 12760 Intermedle Church Rd Pleasant Garden, N.C.</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>50.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-23-2004</i>	\$ <i>50.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>James Mc Lee Jr. 500 Sayer Loop Pleasant Garden, NC 27313</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>25.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>522</i>	<i>check</i>		<i>04-22-2004</i>	\$ <i>25.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>175.00</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <i>1045.00</i>	

Contributions from Individuals

Pg ____ of ____

Amendment	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Bill Wurst						27-005573	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jerry Stafford 400 Westinghouse Greensboro, NC 27406							
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	522	Cash		4-23-2004	\$ 20.00		
<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	
Dianne Crawford Karen - See Loan Doc							
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 5147.69	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	522	Draft	Loan	04-21-2004	\$ 3000.00		
<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						\$ 3020.00	
5. Total of ALL CRO-1210 Pages						\$ 1045.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

Pg ____ of ____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Bill Miller				27-0085573	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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
Fine Print					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 000000 901.80
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
522	check	Printing	04-25-2004	\$ 865.63	
522	checkings	Printing	04-25-2004	\$ 42.80	
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
The Design Planet					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
522	checkings	Artwork	04-23-2003	\$ 585.00	
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
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 1432.43 1493.43	
6. Total of ALL CRO-1310 Pages				\$ 2752.62	
<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>					

Disbursements

Pg ____ of ____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Bill Wright				27-0085573	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Wall Mart			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
522	check/ATM		04-23-2004	\$ 41.56	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US Post Office			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
522	check/ATM	Stamps	04-19-2004	\$ 74.00	
522	check/ATM	Bulk Mail	04-19	\$ 786.55	
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
Village Tavern			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$ 64.08
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
522	check/ATM	Political Consultant	04-23-2004	\$ 64.08	
				\$	
5. Total only this Page				\$ 966.19	
6. Total of ALL CRO-1310 Pages				\$ 2752.62	
<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>					

Outstanding Loans

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Bill Wright		27-00885573	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Cheryl Dianne Crawford 6388 Walter Wright Road Pleasant Garden, NC 27313		Sr. Vice Pres. manager	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Bank of America 4136 Piedmont Hwy Greensboro, NC 27410	4-21-2004
			f. End Date (mm/dd/yyyy)
			7-5-2004
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 3,000.00	\$ 3,000.00
k. Full Name of Lending Institution			l. Loan Number
Bank of America Personal checking account			
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Cheryl Dianne Crawford See Above			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			04-05-2004
			f. End Date (mm/dd/yyyy)
			06-30-2004
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 2147.69	\$ 2147.69
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input checked="" 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page		\$ 3000.00	
5. Total of ALL CRO-1430 Pages		\$ 5147.69	
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			

Loan Proceeds

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Bill Wright</i>		2. ID Number <i>27-0085573</i>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Cheryl Dianne Crawford 6388 Walter Wright Rd. Pleasant Garden, N.C. 27313</i>		b. Job Title/Profession <i>As. Vice President Auto Serv. Manager</i>	d. Comments
		c. Employer's Name/Specific Field <i>Bank of America</i>	e. Start Date (mm/dd/yyyy) <i>04-21-2004</i>
			f. End Date (mm/dd/yyyy) <i>07/05/2004</i>
g. Rate <i>0</i> %	h. Security Pledged	i. Account Code <i>532</i>	j. Form of Payment <i>Debit</i>
			k. Amount <i>\$3,000.00</i>
l. Full Name of Lending Institution <i>Bank of America Checking (Personal Check)</i>			m. Loan Number <i>NA</i>
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Bill Wright P.O. Box Pleasant Garden NC 27313</i>		b. Job Title/Profession <i>Stream Program Manager</i>	c. Employer's Name/Specific Field
		d. Percentage <i>100</i> %	e. Amount <i>\$ 3,000.00</i>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 3,000.00