

OCT 25 2004

gmu

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name EDWARDS FOR REGISTER CAMPAIGN		c. ID Number 06Y 8QL	
b. Mailing Address (include City, State and Zip Code) P.O. Box 38142 GREENSBORO NC 27438		d. Date Filed 10-25-04	
		e. Phone Number 336 288 1146	

2. Report Year 2004	3. Period Start Date (mm/dd/yyyy) 7/01/2004	4. Period End Date (mm/dd/yyyy) 10/16/2004	5. Treasurer Full Name Kevin W. von der Lippe
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		9. Special Report Name		
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		3rd Quarter Plus		

10. Account Information		10. Account Information	
a. Financial Institution Full Name WACHOVIA		a. Financial Institution Full Name N/A	
b. Purpose FOR ALL CAMPAIGN EXPENSES	c. Code 1	b. Purpose N/A	c. Code N/A
d. Period Begin Balance \$ 2924.43		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.

Kevin W. von der Lippe Printed Name of Signer *Kevin W. von der Lippe* Signature of Appointed Treasurer 10-25-2004 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	
EDWARDS FOR REGISTER CAMPAIGN	3RD QUARTER PLUS	06Y8QL	
Start of Election Cycle: January 1, <u>2004</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,924.43	\$ 2,924.43
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 470.00	\$ 2,130.00
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 14,860.00	\$ 32,360.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
12) "Goods and Services" Contributions	(CRO-1260)	\$ 0.00	\$ 0.00
13) TOTAL RECEIPTS		\$ 15,530.00	\$ 34,690.00
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>			
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 17,669.69	\$ 33,905.26
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
14c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES		\$ 17669.69	\$ 33,905.26
<i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>			
19) Cash on Hand at End		\$ 784.74	\$ 784.74
<i>(Add lines 4 and 13 together, then subtract line 18)</i>			
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum		\$ 0.00	\$ 0.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) EDWARDS FOR REGISTER CAMPAIGN	2. ID Number 06Y8QL
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEUI ARTHUR MORGAN, JR. P.O. BOX 1024 HIGH POINT, NC 27261 336.769-1520	b. Job Title/Profession TAX COLLECTOR	d. Comments
	c. Employer's Name/Specific Field GUILFORD Co. TAX DEPT.	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"/>	1	CHECK		07/26/2004	\$ 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
	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"/>					\$

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	\$
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$
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Loan Proceeds

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDWARDS FOR REGISTER CAMPAIGN				06Y8QL	
3. Lender 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
Elton Edwards 3815 Madison Ave. Greensboro, NC 27403-1063 336 855-6570			Retired		e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		07/01/2004
			n/a		f. End Date (mm/dd/yyyy) 12/31/2004
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	none	1	Check	\$ 225 ⁰⁰	
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
					e. Amount
			d. Percentage		% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
					e. Amount
			d. Percentage		% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
					e. Amount
			d. Percentage		% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
					e. Amount
			d. Percentage		% \$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 14,860 ⁰⁰

Loan Proceeds

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDWARDS FOR REGISTER CAMPAIGN				06Y8QL	
3. Lender 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
Elton Edwards 3815 Madison Ave. Greensboro, NC 27403-1063 336 855-6570			Retired		e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		07/02/2004
			n/a		f. End Date (mm/dd/yyyy)
				12/31/2004	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %	none	1	Check		\$ 635 ⁰⁰
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</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
			%		\$
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 14,860 ⁰⁰

Loan Proceeds

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Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDWARDS FOR REGISTER CAMPAIGN				06Y8QL	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elton Edwards 3815 Madison Ave. Greensboro, NC 27403-1063 336 855-6570			b. Job Title/Profession		d. Comments
			Retired		e. Start Date (mm/dd/yyyy)
			n/a		c. Employer's Name/Specific Field
					07/12/2004
		f. End Date (mm/dd/yyyy)		12/31/2004	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %	none	1	Check		\$7,000 ⁰⁰
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</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
					% \$
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					\$14,860 ⁰⁰
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
EDWARDS FOR REGISTER CAMPAIGN				06Y8QL	
3. Lender 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
Elton Edwards 3815 Madison Ave. Greensboro, NC 27403-1063 336 855-6570			Retired		e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		07/15/2004
			n/a		f. End Date (mm/dd/yyyy)
				12/31/2004	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %	none	1	Check		\$ 7,000. ⁰⁰
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</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
					% \$
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$14,860. ⁰⁰

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	EDWEARDS FIR REGISTER CAMPAIGN
• Person lending money to committee (Lender):	Mr. Elton Edwards
• Date of loan to committee:	July 1, 2004
• Name of lending institution and account number (source):	
• Amount of loan:	\$ 225 ⁰⁰
• Names of all parties responsible for payment of loan (guarantors):	
• Period of loan:	December 31, 2004
• Rate of interest of loan:	0%
• Security pledged for loan:	NONE

I, Mr. Elton Edwards, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Elton Edwards
Signature of Lender

Ken W. L. [Signature]
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	EDWEARDS FIR REGISTER CAMPAIGN
• Person lending money to committee (Lender):	Mr. Elton Edwards
• Date of loan to committee:	July 2, 2004
• Name of lending institution and account number (source):	
• Amount of loan:	\$ 635.00
• Names of all parties responsible for payment of loan (guarantors):	
• Period of loan:	December 31, 2004
• Rate of interest of loan:	0%
• Security pledged for loan:	NONE

I, Mr. Elton Edwards, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Elton Edwards
Signature of Lender

Kevin L. [Signature]
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

• Name of committee to receive loan:	EDWEARDS FIR REGISTER CAMPAIGN
• Person lending money to committee (Lender):	Mr. Elton Edwards
• Date of loan to committee:	July 15, 2004
• Name of lending institution and account number (source):	
• Amount of loan:	\$ 7,000 ⁰⁰
• Names of all parties responsible for payment of loan (guarantors):	
• Period of loan:	December 31, 2004
• Rate of interest of loan:	0%
• Security pledged for loan:	NONE

I, Mr. Elton Edwards, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Elton Edwards
Signature of Lender

[Signature]
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Disbursements

1. Committee Full Name (and Fund if applicable) Edwards for Register Campaign				2. ID Number 06Y8QL	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input checked="" 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 <i>(include city, state, & zip)</i> PostMark, Inc. 390 Cassell St. Winston-Salem, NC 27107 336 749-8706			b. Coordinated Committee Name		d. Comments Printing
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 16,223.92
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	printing/mailing	07/13/2004	\$ 74.00	
1	Check	printing/mailing	07/12/2004	\$ 7,446.40	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> PostMark, Inc. 390 Cassell St. Winston-Salem, NC 27107 336 749-8706			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 22,529.86
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	printing/mailing	07/15/2004	\$ 6,305.94	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Byron Nelson III 390 Cassell St. Winston-Salem, NC 27107 336 749-8706			b. Coordinated Committee Name		d. Comments consulting
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 5,470.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	consulting	07/16/2004	\$ 970.00	
				\$	
5. Total only this Page				\$ 14,796.34	
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>				\$ 17,669.69	

Disbursements

1. Committee Full Name (and Fund if applicable) Edwards for Register Campaign					2. ID Number 06Y8QL	
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	
PIP Printing 1409-B S. Strafford Rd. Wisnton-Salem, NC 27105 336 768-5061					Printing	
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 543.45	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	printing	07/12/2004	\$ 258.35		
				\$		
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	
Creative Design Patricia H. Brinkley 6025 Holder Rd. Clemmons, NC 27012 336 712-0473					art	
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 710.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	artwork	07/25/2004	\$ 375.00		
				\$		
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	
Northwest Observer P.O. Box 268 Oak Ridge, NC 27310 336 644.7035					advertising	
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 225.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	advertising	07/01/2004	\$ 225.00		
				\$		
5. Total only this Page					\$ 858.35	
6. Total of ALL CRO-1310 Pages					\$ 17,669.69	
<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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Edwards for Register Campaign				2. ID Number 06Y8QL	
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) Pleasant Garden Post P.O. Box 429 Peasant Garden, NC 27313 336 676-1400		b. Coordinated Committee Name		d. Comments Advertising	
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 125 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	advertsing	07/02/2004	\$ 125.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) The Rhino Times PO BOX 9421 Greensboro, N.C. 27429 (336) 273-0885		b. Coordinated Committee Name		d. Comments advertising	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 510 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	advertsing	07/02/2004	\$ 510.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WACHOVIA P.O. Box 563970 CHARLOTTE, NC 28256 1-800-275-3862		b. Coordinated Committee Name		d. Comments Service fee	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$ 30 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Debit	Fee for stop payment	07/14/2004	\$ 30 ⁰⁰	
				\$	
5. Total only this Page				\$ 665 ⁰⁰	
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>				\$ 17,669 ⁶⁹	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Edwards for Register Campaign				06Y8QL	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" 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
Kirk Media Productions 2180 Faculty Dr. Winston-Salem, NC 27106 336 777-1234					Advertising
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
		\$ 1,350 ⁰⁰			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	advertsing	07/28/2004	\$ 1,350.00	
				\$	
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
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
				\$	
				\$	
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
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
				\$	
				\$	
5. Total only this Page				\$ 1350 ⁰⁰	
6. Total of ALL CRO-1310 Pages				\$ 17,669 ⁶⁹	
<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>					