

Disclosure Report Cover

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

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

1. Committee Information

a. Full Name <i>Committee to Elect Bill Wicks</i>		c. ID Number <i>27-085573</i>
b. Mailing Address (include City, State and Zip Code) <i>Po Box 518 Pleasant Garden NC 27313</i>		d. Date Filed <i>Oct 23, 2004</i>
		e. Phone Number <i>336-674-1187</i>

2. Report Year <i>2004</i>	3. Period Start Date (mm/dd/yyyy) <i>07-12-2004</i>	4. Period End Date (mm/dd/yyyy) <i>11-16-2004</i>	5. Treasurer Full Name <i>Cheryl 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	<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 checked="" 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	
<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 expense</i>	c. Code <i>522</i>	b. Purpose	c. Code
	d. Period Begin Balance <i>\$ 347.29</i>		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.

Cheryl Dianne Crawford
 Printed Name of Signer

Cheryl Dianne Crawford
 Signature of Appointed Treasurer

Oct 23, 2004
 Date

FOR OFFICE USE ONLY

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

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Bevelight	3rd Quarter	27-0085573	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 347.29	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 6199.99	\$ 15785.58	
6) Contributions from Individuals (CRO-1210)	\$ 6199.99	\$ 15785.58	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
12) "Goods and Services" Contributions (CRO-1260)	\$ 1999.99	\$ 1999.99	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 6547.28	\$ 15785.58	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 6623.09	\$ 9585.59	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$	
15) Loan Repayments (CRO-1420)	\$ 3900.59	\$ 3900.59	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 6623.09	\$ 15715.58	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 75.81	\$ 75.81	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 1400.00	\$ 1400.00	
27) 48-Hour Notice Reports Sum	\$ 5999.99	\$ 5999.99	

Contributions from Individuals

Pg 1 of 2

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Bill Wright</i>						2. ID Number <i>27-0085573</i>	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Les Dula 5505 Stonebridge Rd Pleasant Gap, NC 27313</i>				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"/>	<i>522</i>	<i>Check</i>		<i>07-18-2004</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>Walter Cokerham 1108 Breckade St Greensboro, NC 27408</i>				b. Job Title/Profession <i>Retired</i>		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 type="checkbox"/>	<i>522</i>	<i>Check</i>		<i>07-15-2004</i>	\$ <i>100.00</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>Mr. Stan McCoy 6311 Sable Lane Greensboro, NC 27406</i>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ <i>75.00</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>07-15-2004</i>	\$ <i>75.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <i>200.00</i>		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <i>15785.58</i>		

Contributions from Individuals

Page 2 of 2

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **Committee To Elect Belle Ulbricht** 2. ID Number **27-0885573**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) James Mc Grady 210 Hwy 150 NC Greensboro, NC 27455 336-643-6057	b. Job Title/Profession Owner	d. Comments
	c. Employer's Name/Specific Field Ham-Rock Corp	
		e. Election Cycle Sum to Date \$ 2,000.00

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		07-15-2004	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Joil Mc Grady 210 Hwy 150 NC Greensboro, NC 27455 336-643-6057	b. Job Title/Profession Administrative	d. Comments
	c. Employer's Name/Specific Field Ham-Rock Corp	
		e. Election Cycle Sum to Date \$ 2,000.00

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		07-15-2004	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark McDaniel 2604 Machine Dr Greensboro, NC 27455 336-282-9670	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ 1,999.99

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	522	In-Kind	checked & paid for political ad	07-20-2004	\$ 1,999.99
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ **5999.99**

5. Total of ALL CRO-1210 Pages \$ **15785.58**
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

In-Kind Contributions

Amendment	<input 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 Wright		27-025573	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Mark McDaniel 336-282-9670 2604 Macknow Drive Greensboro, N.C. 27455		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 1,999.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Created and paid for full page advertisement in News Paper		05-19-2004	\$ 1,999.99
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 1999.99	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1999.99	

Disbursements

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

1. Committee Full Name (and Fund if applicable) <i>Committee To Elect Bill Wright</i>			2. ID Number <i>27-0085573</i>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input 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) <i>Jamestown News P.O. Box 307 Jamestown, NC 27282</i>		b. Coordinated Committee Name	d. Comments	
		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 <i>522</i>	g. Form of Payment <i>check #1035</i>	h. Purpose <i>add</i>	i. Date (mm/dd/yyyy) <i>07-13-2004</i>	j. Amount \$ <i>82.87</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Rhino Times P.O. Box 9421 Greensboro, NC 27429</i>		b. Coordinated Committee Name	d. Comments	
		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 <i>522</i>	g. Form of Payment <i>check #1036</i>	h. Purpose <i>advertisement</i>	i. Date (mm/dd/yyyy) <i>07-14-2004</i>	j. Amount \$ <i>945.00</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Line Print P.O. Box 16499 Greensboro, NC 27416</i>		b. Coordinated Committee Name	d. Comments	
		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 <i>522</i>	g. Form of Payment <i>check #1037</i>	h. Purpose <i>Printed Material</i>	i. Date (mm/dd/yyyy) <i>07-14-2004</i>	j. Amount \$ <i>885.96</i>
5. Total only this Page				\$ -
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)				\$ <i>9585.59</i>

Disbursements

Amendment	<input type="checkbox"/> Yes	<input checked="" 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>270085573</i>	
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) <i>U.S. Post office Pleasant Garden, NC 27133</i>		b. Coordinated Committee Name	d. Comments
		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 <i>522</i>	g. Form of Payment <i>Check # 1038</i>	h. Purpose <i>Political Mail</i>	i. Date (mm/dd/yyyy) <i>07-15-2004</i>
			j. Amount <i>\$ 666.00</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>U.S. Post office Pleasant Garden, NC 27133</i>		b. Coordinated Committee Name	d. Comments
		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 <i>522</i>	g. Form of Payment <i>Check # 1039</i>	h. Purpose <i>48 Pz cert mail</i>	i. Date (mm/dd/yyyy) <i>07-20-2004</i>
			j. Amount <i>\$ 2.67</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Osue Publications 4237 Pleasant Garden Rd Pleasant Garden, NC 27133</i>		b. Coordinated Committee Name	d. Comments
		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 <i>522</i>	g. Form of Payment <i>check # 1040</i>	h. Purpose <i>Printing Material</i>	i. Date (mm/dd/yyyy) <i>07-22-2004</i>
			j. Amount <i>\$ 110.00</i>
5. Total only this Page			\$
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>			<i>\$ 9585.59</i>

Disbursements

1. Committee Full Name (and Fund if applicable) <i>Committee To Elect Bill Wright</i>						2. ID Number <i>27-0085573</i>	
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) <i>The JOCAS</i>				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 \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
<i>522</i>	<i>Check #1041</i>	<i>Political advertisement</i>	<i>08-02-2004</i>	\$ <i>30.00</i>			
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas M Crawford 6388 Walter Wright Rd Pleasant Garden, NC 27313</i>				b. Coordinated Committee Name		d. Comments <i>336 -674-1187</i>	
				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			
<i>522</i>	<i>check #1045</i>	<i>Loan Repayment</i>	<i>10-13-2004</i>	\$ <i>42.69</i>			
<i>522</i>	<i>check #2,000</i>	<i>Loan Repayment</i>	<i>10-13-2004</i>	\$ <i>2,000.00</i>			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas M. Crawford 6388 Walter Wright Rd Pleasant Garden, NC 27313</i>				b. Coordinated Committee Name		d. Comments <i>336 - 674-1187</i>	
				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 \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount			
<i>522</i>	<i>check #1047</i>	<i>Loan repayment</i>	<i>10-13-2004</i>	\$ <i>32.83</i>			
<i>522</i>	<i>check #1046</i>	<i>Loan repayment</i>	<i>10-13-2004</i>	\$ <i>120.07</i>			
5. Total only this Page						\$	
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>						\$ <i>9585.59</i>	

Disbursements

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	
Thomas M. Crawford 6388 Walter Wright Rd Pleasant Gdn, NC 27313					
			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:		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
522	check #1049	Loan Repayment		10-13-2004	\$ 105.00
					\$
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	
Cheryl D Crawford 6388 Walter Wright Road Pleasant Gdn NC 27313					
			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:		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
522	check #	Loan Repayment		10-13-2004	\$ 1600.00
					\$
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					\$
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>					

Loan Repayments

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas M. Crawford 6388 Walter Wright Road Pleasant Garden, N.C. 27313</i>				b. Comments <i>336-674-187</i>	
				c. Original Loan Date <i>04-05-2004</i>	
				d. Original Loan Amount <i>\$ 42.69</i>	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
<i>\$ 42.69</i>	<i>522</i>	<i>check</i>	<i>10-13-2004</i>	<i>\$ 42.69/2000.00</i>	
<i>\$ 2,000.00</i>	<i>522</i>	<i>check</i>	<i>10-13-2004</i>	<i>\$ 2,000.00</i>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas M. Crawford - Continue</i>				b. Comments <i>336-674-1187</i>	
				c. Original Loan Date <i>04-27-2004</i>	
				d. Original Loan Amount <i>\$ 32.83/120.00</i>	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
<i>\$ 32.83</i>	<i>522</i>	<i>check</i>	<i>10-13-2004</i>	<i>\$ 120.00/32.83</i>	
<i>\$</i>				<i>\$</i>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Thomas M. Crawford - Continue</i>				b. Comments <i>336-674-1187</i>	
				c. Original Loan Date <i>04-15-2004</i>	
				d. Original Loan Amount <i>\$ 105.00</i>	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
<i>\$ 105.00</i>	<i>522</i>	<i>check</i>	<i>10-13-2004</i>	<i>\$ 105.00</i>	
<i>\$</i>				<i>\$</i>	
4. Total only this Page				<i>\$</i>	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				<i>\$ 3,900.59</i>	

Loan Repayments

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Bill Wright				27-085513	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Cheryl Dianne Crawford 6388 Walter Wright Road Pleasant Gap NC 27313					
				c. Original Loan Date	
				04-21-2004	
				d. Original Loan Amount	
				\$ 3000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 1400.00	522	check	10-13-2004	\$ 1400.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 1600.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3900.59	

Forgiven Loan Statement

Name of Lender: <i>Cheryl D Crawford</i>
Committee receiving loan: <i>Committee to Elect Bill Wright</i>
Date of loan: <i>04-05-2004</i>
Amount of original loan: <i>\$3000.⁰⁰</i>
*Amount of loan to be forgiven: <i>\$1400.⁰⁰</i>

I, *Cheryl D Crawford*, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Cheryl D Crawford
Signature of Lender

Cheryl D Crawford
Signature of Committee Treasurer

Forgiven Loans

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Bill Wright</i>	2. ID Number <i>27-0085573</i>
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3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Cheryl D. Crawford 6388 Watters Wright Road Pleasant Garden NC 27313</i>	b. Comments
	c. Original Loan Date (mm/dd/yyyy) <i>04-05-2004</i>
	f. Election Cycle Sum to Date <i>\$ 3,000.00</i>
	d. Original Loan Amount <i>\$ 3,000.00</i>
	g. Date (mm/dd/yyyy) <i>04-05-2004</i>
	e. Remaining Loan Balance <i>\$ 1400.00</i>
	h. Forgiven Amount <i>\$ 1400.00</i>

4. Loan Payers (These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)

a. Full Name, Mailing Address & Phone (include city, state, & zip)		a. Full Name, Mailing Address & Phone (include city, state, & zip)	
b. Job Title/Profession		b. Job Title/Profession	
d. Forgiven Amount		d. Forgiven Amount	
c. Employer's Name/Specific Field		c. Employer's Name/Specific Field	
e. Elect Cycle Sum to Date		e. Elect Cycle Sum to Date	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		a. Full Name, Mailing Address & Phone (include city, state, & zip)	
b. Job Title/Profession		b. Job Title/Profession	
d. Forgiven Amount		d. Forgiven Amount	
c. Employer's Name/Specific Field		c. Employer's Name/Specific Field	
e. Elect Cycle Sum to Date		e. Elect Cycle Sum to Date	

5. Total only this Page \$ *1400.00*

6. Total of ALL CRO-1440 Pages \$ *1400.00*
(This line must be on line 17 of Detailed Summary Page CRO-1100)