

RECEIVED

SEP 06 2005

B.M. Wallace

Disclosure Report Cover

GUILFORD COUNTY BOARD OF ELECTIONS

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		c. ID Number	
Committee to Elect Janet M Wallace to City Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
4501 Foxcroft Road Greensboro NC 27410		09/06/2005	
		e. Phone Number	
		336 854 0432	

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	01/01/2005	09/06/2005	Janet Marie Wallace

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 checked="" 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	
<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		a. Financial Institution Full Name	
First Horizon			
b. Purpose	c. Code	b. Purpose	c. Code
Campaign fund	1		
Checking Account			
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$

**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.

Janet M Wallace      Janet M Wallace      09/06/2005  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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 Janet m Wallace to City Council	Thirty-five Day		
Start of Election Cycle: January 1, 2005	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 623.23	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 652.00	\$ 652.00	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 120.00	\$ 120.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 1.45	\$ 1.45	
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)	\$ 773.45	\$ 773.45	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 113.22	\$ 113.22	
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)	\$ 37.00	\$ 37.00	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 150.22	\$ 150.22	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 623.23	\$ 623.23	
<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)	\$ 120.00		
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	\$	\$	

# Aggregated Contributions from Individuals

Page 1 of 1

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Janet m. Wallace to City Council						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		07/08/2005	\$ 50.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		07/25/2005	\$ 25.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		07/25/2005	\$ 25.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		07/25/2005	\$ 100.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		08/05/2005	\$ 50.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		08/05/2005	\$ 25.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		08/15/2005	\$ 50.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	In-kind	Postage stamps	07/03/2005	\$ 37.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		08/18/2005	\$ 100.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		08/29/05	\$ 50.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		09/02/2005	\$ 40.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		09/02/2005	\$ 100.00	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 652.00	
5. Total of ALL CRO-1205 Pages					\$ 652.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

**Loan Proceeds**

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

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Janet m. Wallace to City Council</u>				2. ID Number	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Janet m. Wallace</u> <u>4501 Foxcroft Road</u> <u>Greensboro NC 27410</u> <u>336-854-0432</u>		b. Job Title/Profession <u>Relationship Manager</u>	d. Comments <u>Loan from self</u>		
		c. Employer's Name/Specific Field <u>First Horizon Home Loans</u>	e. Start Date (mm/dd/yyyy) <u>04/20/2005</u>		f. End Date (mm/dd/yyyy)
g. Rate <u>0 %</u>	h. Security Pledged <u>none</u>	i. Account Code <u>1</u>	j. Form of Payment <u>Check</u>	k. Amount <u>\$100.00</u>	
l. Full Name of Lending Institution <u>Janet m. Wallace</u>				m. Loan Number <u>5328</u>	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Janet m. Wallace</u> <u>4501 Foxcroft Road</u> <u>Greensboro NC 27410</u> <u>336-854-0432</u>		b. Job Title/Profession <u>Relationship Manager</u>	c. Employer's Name/Specific Field <u>First Horizon Home Loans</u>		
		d. Percentage <u>100 %</u>	e. Amount <u>\$100.00</u>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage <u>%</u>	e. Amount <u>\$</u>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage <u>%</u>	e. Amount <u>\$</u>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field		
		d. Percentage <u>%</u>	e. Amount <u>\$</u>		
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ <u>120.00</u>	

**Loan Proceeds**

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Janet M. Wallace to City Council					
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	
Janet M. Wallace 4501 Foxcroft Road Greensboro NC 27410 336-854-0432		Relationship manager		Loan from self	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		First Horizon Home Loans		07/05/2005	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0%	none	1	check	\$ 20.00	
l. Full Name of Lending Institution				m. Loan Number	
Janet M. Wallace				5357	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
Janet M. Wallace 4501 Foxcroft Road Greensboro NC 27410 336-854-0432		Relationship manager		First Horizon Home Loans	
		d. Percentage		e. Amount	
		100 %		\$ 20.00	
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				\$ 120.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

# Other Receipt Sources

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Janet m Wallace to City Council					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
First Horizon 1638 Robert C. Jackson Drive Maryville TN 37802					
				e. Election Cycle Sum to Date	
				\$ 1.45	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Cash		08/25/2005	\$ .77	
1	Cash		07/25/2005	\$ .17	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
First Horizon 1638 Robert C. Jackson Drive Maryville TN 37802					
				e. Election Cycle Sum to Date	
				\$ 1.45	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Cash		06/1/2005	\$ .15	
1	Cash		05/1/2005	\$ .13	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
First Horizon 1638 Robert C. Jackson Drive Maryville TN 37802					
				e. Election Cycle Sum to Date	
				\$ 1.45	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Cash		04/28/2005	\$ .23	
				\$	
5. Total only this Page				\$ 1.45	
6. Total of ALL CRO-1250 Pages				\$ 1.45	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

**Disbursements**

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Janet M. Wallace to City Council					
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
Office Max 3121-A Garden Road Burlington NC 27215 336-538-0999					Paper and Envelopes
			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:		
			Greensboro		\$ 34.72
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Supplies for mailing	06/29/05	\$ 34.72	
				\$	
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
Guilford County Board of Elections P O Box 3427 Greensboro NC 27402					Filing Fee
			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:		
			Greensboro		\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Filing Fee	07/01/2005	\$ 25.00	
				\$	
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
FedEx Kinko's 449-A Tate Street Greensboro NC 27463 336-273-5865					
			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:		
			Greensboro		\$ 46.10
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Letters for mailing	07/02/2005	\$ 46.10	
				\$	
5. Total only this Page				\$ 105.82	
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>				\$ 113.22	

**Disbursements**

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Janet M Wallace to City Council						
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	
Postmaster Friendly Station Greensboro NC 27408-7608 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:			
			Greensboro		\$ 7.40	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	Check	Postage	07/05/2005	\$ 7.40		
				\$		
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		
				\$		
				\$		
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					\$ 7.40	
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>					\$ 113.22	

# In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Janet M. Wallace to City Council			
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	c. Comments
Patsy S. Cole 3406 Wilshire Drive Greensboro NC 27408		<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	
			d. Election Cycle Sum to Date
			\$ 37. <sup>00</sup>
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
100 Postage Stamps		07/03/2005	\$ 37.00
			\$
			\$
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	c. Comments
		<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	
			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	c. Comments
		<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	
			d. Election Cycle Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 37.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 37.00	

Debts and Obligations Owed By the Committee Pg 1 of 1

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Janet m Wallace to City Council			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Janet m Wallace 4501 Foxcroft Road Greensboro NC 27410 336-854 0432		b. Description of Creditor Self	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0	\$ 0	\$ 120.00	\$ 120.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
04/20/2005	\$ 100.00	07/05/2005	\$ 20.00
g3. Item Description		g3. Item Description	
Check		Check	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
Janet m Wallace 4501 Foxcroft Road Greensboro NC 27410		Janet m Wallace 4501 Foxcroft Road Greensboro NC 27410	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page (This should be the sum of all item '3f' from this page)			\$ 120.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 120.00