

RECEIVED

SEP 26 2005

GUILFORD COUNTY

Disclosure Report Cover

Amendment
Yes No

Please note that this cover sheet cannot be used to amend the Statement of Organization 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: Citizens for Wells
c. ID Number: 3EY9T7
b. Mailing Address: Post Office, Box 13784 Greensboro, N. C. 27415-3784
d. Date Filed: 9/27/05
e. Phone Number: (336)375-3388

2. Report Year: 2005
3. Period Start Date (mm/dd/yyyy): 8/31/05
4. Period End Date (mm/dd/yyyy): 9/26/05
5. Treasurer Full Name: Jonah Smith, Sr.

6. Type of Committee (Check one): Candidate Campaign
8. Type of Report (check only one type of report from one category): Municipal
9. Special Report Name

10. Account Information
a. Financial Institution Full Name: Bank of America
b. Purpose: To Receive & Disburse Campaign Funds
c. Code: 02
d. Period Begin Balance: \$ 817.77

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.
Jonah Smith, Sr.
Signature of Appointed Treasurer: [Signature]
Date: 9/27/05

FOR OFFICE USE ONLY
Date Received:
Date Postmarked:
Date Scanned:
Employee:
Delivery Method:
Normal Mail
Registered Mail
Hand Delivered
Electronically Filed

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	
Citizens for Wells	Pre-Primary Rec. & Exp.	3EY9T7	
Start of Election Cycle: January 1, 2005		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 817.77	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 2,699.00	\$ 5,764.88
6) Contributions from Individuals	(CRO-1210)	\$ 1,775.00	\$ 3,162.45
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$ 22.00	\$ 22.00
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 4,496.00	\$ 8,949.33
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 2,179.32	\$ 5,745.01
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 69.87
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)	\$ 975.00	\$ 975.00
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 3,154.32	\$ 6,789.88
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 2,159.45	\$ 2,159.45
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

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
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
Dr. Otis Lockett 7209 Henson Farm Way Summerfield, N. C. 27358 Tel. (336) 644-7348			Minister		
			c. Employer's Name/Specific Field		
			Evangel Fellowship Church of God in Christ		e. Election Cycle Sum to Date
					\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Check		9/06/05	\$500.00
<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
Roberta G. Pearson 3402 Wynnewood Dr., Greensboro, N. C. 288-5670 Tel. (336)288-5670			Retired Educator		
			c. Employer's Name/Specific Field		
			Greensboro City Schools		e. Election Cycle Sum to Date
					\$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Check		9/21/05	\$ 300.00
<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
William Waller 4540 Peeples Rd. Oak Ridge, N. C. 27310 Tel. (336) 6682376			Owner/Manager		
			c. Employer's Name/Specific Field		
			Dynacon Center (Event Center)		e. Election Cycle Sum to Date
					\$ 975.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	In-Kind	Use of Facility	9/17/05	\$975.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,775.00
5. Total of ALL CRO-1210 Pages					\$ 1,775.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Goods and Services (including Fundraisers)

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				
Citizens for Wells				3EY9T7				
3. Event Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Attendance (approx. count)		d. Date(s) Held (mm/dd/yyyy)		
Aggregated Goods & Services				25		FROM: 9/17/05		
				c. Description		TO: 9/17/05		
				Fundraiser Event		e. Total Event Amount		
						\$ 22.00		
4. Items (goods and/or services) Sold								
a. Cnt	b. Payment Breakdown			c. Item Description	d. Acct Code	e. Date (mm/dd/yyyy)	f. Amount per Item	g. Total Amount
	Check	Cash	Other					
44		X		Bottled Water & Sodas	02	9/17/05	\$.50	\$ 22.00
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
5. Total only this Page							\$ 22.00	
<i>(This should be the sum of all item '4g' from this page)</i>								
6. Total of ALL CRO-1260 Pages							\$ 22.00	
<i>(This line must be on line 12 of Detailed Summary Page CRO-1100)</i>								

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
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
Aggregated Non-Media Expenses					
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 159.63
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Printing, Supplies	9/21/05	\$ 2.94	
02	Check	Bottled Water	9/21/05	15.08	
02	Check	Self-Sticking Label	9/23/05	\$ 39.59	
02		Bank Ser. Charge	8/31/05	12.00	
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
Arrowhead Graphics, Inc. 508 Houston St., Greensboro, N. C. 27401					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 3,643.35
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Yard Signs	9/2/05	\$ 1,160.95	
				\$	
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
U. S. Postal Service Greensboro, N. C. 27405					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 808.95
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Stamps for Cards	9/07/05	\$ 338.33	
02	Check	Postage	9/21/05	300.00	
02	Check	Postage Stamps	9/23/05	\$ 9.25	
5. Total only this Page				\$ 1,878.14	
6. Total of ALL CRO-1310 Pages				\$ 2,179.32	
<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) Citizens for Wells					2. ID Number 3EY9T7
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Multi-Print 2108-C Cheshire Way Greensboro, N. C. 27405 (336) 375-6040			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality	e. Election Cycle Sum to Date \$ 80.25	
f. Account Code 02	g. Form of Payment Check	h. Purpose Voting Labels		i. Date (mm/dd/yyyy) 9/21/05	j. Amount \$ 80.25
					\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Latta Distributing Company 7671 Caber Rd. Brown Summit, N. C. 27214 Tel. (326) 656-3481			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality	e. Election Cycle Sum to Date \$ 352.48	
f. Account Code 02	g. Form of Payment Check	h. Purpose Campaign Buttons		i. Date (mm/dd/yyyy) 9/26/05	j. Amount \$ 220.93
					\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
5. Total only this Page					\$ 301.18
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)					\$2,179.32

In-Kind Contributions

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	
Citizens for Wells		3EY9T7	
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	
William Waller 4540 Peeples Rd. Oak Ridge, N. C. 27310 Tel. (336)668-2376		<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	
		\$ 975.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Use of Facility for Fundraising Rally		9/17/05	\$ 975.00
			\$
			\$
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	
		<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		\$ 975.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 975.00	