

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	c. ID Number
Citizens for Wells	3EY9T7
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
Post Office, Box 13784 Greensboro, N. C. 27415-3784	1/18/06
	e. Phone Number
	(336)375-3388


2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10/25/05	12/31/05	Jonah Smith, Sr.

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	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 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 checked="" 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	
Bank of America			
b. Purpose	c. Code	b. Purpose	c. Code
To receive & disburse campaign funds	02		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 3,723.86		\$

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.  1/18/06

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

JAN 18 2006

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	Semi-Annual Year End	3EY9T7	
Start of Election Cycle: <u>January 1, 2005</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 3,723.86	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 955.00	\$ 7,705.88	
6) Contributions from Individuals (CRO-1210)	\$ 2,229.84	\$ 6,404.04	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ 450.00	\$ 950.00	
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	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 3,634.84	\$15,081.92	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 5,351.76	\$12,018.36	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 109.84	\$ 191.46	
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)	\$ 700.00	\$ 1,675.00	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 6,161.60	\$13,884.82	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 1,197.10	\$ 1,197.10	
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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jack D. Zimmerman 2304 Wilcox Dr. Greensboro, N. C. 27405				Retired			
				c. Employer's Name/Specific Field			
				Greensboro Police 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"/>	02	Check		10/26/05	\$ 100.00		
<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	
James W. Kee, Jr. 4302 Lord Jeff Dr. Greensboro, N. C. Tel. 451-5318				Owner			
				c. Employer's Name/Specific Field			
				Kee Development Corp, Greensboro, NC			
						e. Election Cycle Sum to Date	
						\$ 120.00	
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		10/26/05	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jonah Smith, Sr. 1605 Woodridge Ave. Greensboro, N. C. 27405 Tel. 375-3388				Retired Adm.			
				c. Employer's Name/Specific Field			
				N. C. A&T State Univ., Greensboro N. C.			
						e. Election Cycle Sum to Date	
						\$ 114.87	
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		10/26/05	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 140.00	
5. Total of ALL CRO-1210 Pages						\$2,229.84	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Citizens for Wells	2. ID Number 3EY9T7
--	-------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Harold C. Fields 1903 Belden Dr. Greensboro, N. C. 27405 Tel. 621-3214	b. Job Title/Profession Retired School Administrator	d. Comments
	c. Employer's Name/Specific Field Greensboro City Schools	e. Election Cycle Sum to Date \$120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Cash		10/26/05	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Goldie F. Wells 4302 Belfield Dr. Greensboro, N. C. 27405 Tel. 375-4123	b. Job Title/Profession Retired Educator	d. Comments
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date \$ 100.85

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Cash		11/08/05	\$ 9.84
<input type="checkbox"/>	02	Cash		10/26/05	\$20.00
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Ralph C. Johnson 1822 Muncey Lane Greensboro, N. C. 27401 Tel. 373-3967	b. Job Title/Profession Owner	d. Comments
	c. Employer's Name/Specific Field Home Remodeling	e. Election Cycle Sum to Date \$ 157.45

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Cash		10/26/05	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 69.84

5. Total of ALL CRO-1210 Pages \$2,229.84
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
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
Cynthia Pinnix 1302 Haverhill Dr. Greensboro, N. C. 27405 Tel. 230-1776			O. R. Processing Coordinator		
			c. Employer's Name/Specific Field		
			Moses Cone Health System		
					e. Election Cycle Sum to Date
					\$ 181.75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Cash		10/26/05	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Zanzella L. Savoy 1502 Sir Galahad Greensboro, N. C. 27405			Prog. Director		
			c. Employer's Name/Specific Field		
			Step By Step Specialized Health Care Mgmt.		
					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	Cash		10/26/05	\$ 100.00
<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
W. S. Morris, III P. O. Box 936 Augusta, Ga. 30903			CEO		Non-Resident Contributor
			c. Employer's Name/Specific Field		
			Fairway Outdoor Adv., Augusta, Ga.		
					e. Election Cycle Sum to Date
					\$ 250.00
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		10/29/05	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 370.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,229.84

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Citizens for Wells						3EY9T7	
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	
Jacqueline Smith P. O. Box 25642 Winston-Salem, N. C. 27114				Accountant			
				c. Employer's Name/Specific Field			
				Formerly employed at Sara Lee Corp.			
				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"/>	02	Check		11/01/05	\$ 100.00		
<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	
Marc L. Isaacson 2308 Princess Ann St. Greensboro, N. C. 27408 Tel. 288-9605				Attorney-at-Law			
				c. Employer's Name/Specific Field			
				Isaacson & Isaacson, Atty at Law			
				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"/>	02	Check		11/03/05	\$ 100.00		
<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	
Henry H. Isaacson P. O. Box 1888 Greensboro, N. C. 27402 Tel. 275-7626				Attorney-at-Law			
				c. Employer's Name/Specific Field			
				Isaacson & Isaacson, Attys at Law			
				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"/>	02	Check		11/03/05	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 2,229.84	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1180)</i>							

Contributions from Individuals

Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
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	
Claudia W. Hamilton 50441 Drakes Bay Dr. Novi, Michigan 48374 Tel. (248) 348-0282				Non-Resident Contributor	
			c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	02	Cash		11/7/05	\$50.00
<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	
Eddie Krusch P. O. Box 1195 Greensboro, N. C. 27405-1195			CEO		
			c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
			Krusch Prop.	\$ 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"/>	02	Check		11/07/05	\$ 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	
Dwight D. Stone 12 Provincetown Court Greensboro, N. C. 27408 Tel. 282-0574			CEO		
			c. Employer's Name/Specific Field	e. Election Cycle Sum to Date	
			D. Stone Builders Inc.	\$ 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		11/10/05	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 2,229.84	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Citizens for Wells						3EY9T7	
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	
Ben Parker, Jr. 445 N. English Street Greensboro, N. C. 27405 Tel. 273-1781				Owner			
				c. Employer's Name/Specific Field Ben Parker's Auto Outlet			
				e. Election Cycle Sum to Date		\$ 700.00	
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	Office Space for Election Activity	10/12/05 11/8/05		\$ 700.00	
<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						\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,229.84	

Contributions from Other Political Committees Pg 1 of 1

Amendment Yes No

1. Complete Full Name (and Full if applicable)		2. ID Number		
Citizens for Wells		3EY9T7		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		4. Comments
Build Political Action Comm. P. O. Box 99090 Raleigh, N. C. 27624		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Refundation		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		5. Election Cycle Start to Date
				\$ 300.00
6. Account Code	7. Form of Payment	8. In-Kind Description	9. Date (mm/dd/yyyy)	10. Amount
02	Check		10/26/05	\$ 300.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		4. Comments
Triad Good Government PAC, P. O. Box 2888 Greensboro, N. C. 27402		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Refundation		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		5. Election Cycle Start to Date
				\$ 150.00
6. Account Code	7. Form of Payment	8. In-Kind Description	9. Date (mm/dd/yyyy)	10. Amount
02	Check		11/07/05	\$ 150.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		4. Comments
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Refundation		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		5. Election Cycle Start to Date
				\$
6. Account Code	7. Form of Payment	8. In-Kind Description	9. Date (mm/dd/yyyy)	10. Amount
				\$
				\$
				\$
4. Total only this Page				\$ 450.00
5. Total of ALL CRO-1230 Pages				\$ 450.00

In-Kind Contributions

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 type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Ben Parker, Jr. 445 N. English Street Greensboro, N. C. 27405 Tel. 273-1781		<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	
		\$ 700.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Use of Office Space for Primary & Gen. Elections activities		10/11/05 11/08/05	\$ 700.00
			\$
			\$
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		\$ 700.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 700.00	

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Citizens for Wells			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 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 508 Houston Street Greensboro, N. C. 27401 Tel. 274-2419				
			c. Level Registered (Specify)	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date
				\$ 4,708.00
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
02	Check	Yard Signs	10/26/05	\$ 1,064.65
				\$
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
Multi-Print 2108-C Cheshire Way Greensboro, N. C. 27405 Tel. 375-8040				
			c. Level Registered (Specify)	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date
				\$ 1,865.30
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
02	Check	Printing & Mailing 5000 Postcards	10/26/05	\$ 1,595.66
02	Check	Printing Campaign Elyers	11/03/05	\$ 189.39
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
Caroling Peacemaker 400 Summit Avenue Greensboro, N. C. 27405 Tel. 274-6210				
			c. Level Registered (Specify)	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date
				\$ 985.00
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
02	Check	½ Pg. Political Ad	10/29/05	\$ 533.00
02	Check	¼ Pg. Political Ad	11/21/05	\$ 200.00
5. Total only this Page				\$ 3,582.70
6. Total of ALL CRO-1310 Pages				\$ 5,351.76
(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)				

Disbursements

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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
The Greensboro Times 21 Loney Circle Greensboro, N. C. 27406 Tel. 254-8725					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date	
				\$ 390.00	
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Political Ad.	10/29/05	\$ 150.00	
02	Check	Political Ad.	11/28/05	\$ 90.00	
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	
The Rhinoceros Times P. O. Box 9421 Greensboro, N. C. 27429 Tel. 273-0885					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date	
				\$ 960.00	
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Political Ad	10/29/05	\$ 510.00	
02	Check	Political Ad.	11/01/05	150.00	
02	Check	Political Ad.	11/22/05	\$ 300.00	
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	
Food Lion 32 Golden Gate Shopping Cen. Greensboro, N. C. 27405 Tel. 378-9844					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Cycle Sum to Date	
				\$ 50.15	
z. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Refreshments for Victory Celebrat	11/08/05	\$ 50.15	
				\$	
5. Total only this Page				\$ 1,250.15	
6. Total of ALL CRO-1310 Pages				\$ 5,351.76	
<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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
3. Type of Disbursement (Classify per account 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Golden Corral 2419 Lawndale Dr. Greensboro, N. C. 27408 Tel. 545-5808					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$ 241.77
2. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Refreshments for Victory Celebrat.	11/08/05	\$ 241.77	
				\$	
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
Southern Family Markets 2639 Lawndale Dr. Greensboro, N. C. 27408 Tel. 545-1083					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$ 47.68
2. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Refreshments for Victory Celebration	11/08/05	\$ 47.68	
				\$	
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
Wesley McGuire 4300 Belfield Dr. Greensboro, N. C. 27405 Tel. 621-9997					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$ 83.46
2. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Refreshments for Victory Celebration	11/08/05	\$ 83.46	
				\$	
5. Total only this Page				\$ 372.91	
6. Total of ALL CRO-1310 Pages				\$5,351.76	
<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)				2. ID Number	
Citizens for Wells				3EY9T7	
3. Type of Disbursement (Check one account CRO-1310 form for each line 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Bank of America 1616 E. Bessemer Ave. Greensboro, N. C. 27405 Tel. 805-3050					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		
					e. Election Cycle Sum to Date
					\$ 3.00
2. Account Code	g. Form of Payment	b. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Account Draft	Bank Service Chg.	11/08/05	\$ 3.00	
				\$	
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
Dr. Alma Adams 2109 Liberty Valley Rd. Greensboro, N. C. 27406 Tel. 273-9280					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		
					e. Election Cycle Sum to Date
					\$ 75.00
2. Account Code	g. Form of Payment	b. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Student Volunteers	11/22/05	\$ 75.00	
				\$	
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
U. S. Postal Services 1585 Yanceyville St. Greensboro, N. C. 27405 Tel. 275-5335					
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					e. Election Cycle Sum to Date
					\$ 876.95
2. Account Code	g. Form of Payment	b. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	P. O. Box Rent	12/20/05	\$ 68.00	
				\$	
5. Total only this Page				\$ 146.00	
6. Total of ALL CRO-1310 Pages				\$ 5,351.76	
<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>					