

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
 Do not use this form to update information

1. Committee Information				
a. Full Name			c. ID Number	
ALICIA FLOWERS			YKYZPB	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
7401 WHITAKER CT SUMMERFIELD N.C 27358			7-17-07	
			e. Phone Number	
			336 6436756	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2007	10-23-07	11-27-07	ALICIA FLOWERS	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
TOWN COUNCIL				
	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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).				
_____ ALICIA FLOWERS Printed Name of Signer		_____ Alicia Flowers Signature of Appointed Treasurer		_____ 11-27-07 Date
FOR OFFICE USE ONLY				
Date Received:	RECEIVED	Employee:	_____	
Date Postmarked:	NOV 27 2007	Employee:	_____	
Date Scanned:	GUILFORD COUNTY BOARD OF ELECTIONS	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
Please Note: This form 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 committee changes.				

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		2. ID Number	
COMMITTEE TO ELECT ALICIA FLOWERS TO SUMMERFIELD TOWN COUNCIL				YKYZPB	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
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)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 362.55		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Loan Repayments (CRO-1420)		\$		\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
16) In-Kind Contributions (CRO-1510)		\$		\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$		\$	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 0		\$	
ADDITIONAL INFORMATION					
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed By the Committee (CRO-1610)		\$			
22) Debts and Obligations owed To the Committee (CRO-1620)		\$			
23) Account Transfers Within the Committee (CRO-1720)		\$			
24) Administrative Support (CRO-1710)		\$		\$	
25) Forgiven Loans (CRO-1440)		\$ 2.84		\$	
26) 48-Hour Notice Reports Sum		\$		\$	

Disbursements

Pg ____ of ____

Amendment
 Yes No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input 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
PIEDMONT DIRECT MAIL GREENSBORO N.C.			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 362.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK #102	B	11-27-07	\$	
				\$	
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 Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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 Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 362.55
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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

Loan Proceeds

Pg of

Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT ALICIA FLOWERS TO SUMMERFIELD TOWN COUNCIL			YZYKPB		
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	
SAME AS ABOVE 7401 WHITAKER CT. SUMMERFIELD N.C. 27358		CUSTOM FRAMER			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		FRAMIN' PLACE ROBERT FLOWERS		7-17-07	
				f. End Date (mm/dd/yyyy)	
				11-27-07	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %			checks		\$ 3231. ⁰⁰
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
RECEIVED NOV 27 2007 GUILFORD COUNTY BOARD of ELECTIONS				d. Percentage	
				% \$ 3231. ⁰⁰	
5. Total of ALL CRO-1410 Pages					\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Forgiven Loans

Pg ___ of ___

Amendment
 Yes No

Use this form to report any loan which has been forgiven by the lender
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT ALICIA FLOWERS TO SUMMERFIELD TOWN COUNCIL		YZYKPB	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
SAME AS ABOVE 7401 WHITAKER CT. SUMMERFIELD NC 27358		c. Original Loan Date (mm/dd/yyyy)	
		7-17-07	
		f. Election Sum to Date	
		\$ 3231. ⁰⁰ / _{XX}	
		d. Original Loan Amount	
\$ 3231. ⁰⁰		g. Date (mm/dd/yyyy)	
7-17-07		e. Remaining Loan Balance	
\$ 2. ⁸⁴		h. Forgiven Amount	
\$ 2. ⁸⁴		\$ 2. ⁸⁴	
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 (mm/dd/yyyy)	
		f. Election Sum to Date	
		\$	
		d. Original Loan Amount	
\$		g. Date (mm/dd/yyyy)	
		e. Remaining Loan Balance	
\$		h. Forgiven 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 (mm/dd/yyyy)	
		f. Election Sum to Date	
		\$	
		d. Original Loan Amount	
\$		g. Date (mm/dd/yyyy)	
		e. Remaining Loan Balance	
\$		h. Forgiven Amount	
\$		\$	
4. Total only this Page		\$ 2. ⁸⁴	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 25 of Detailed Summary Page CRO-1100)</i>		\$ 2. ⁸⁴	
The lender information should contain the same information as supplied under the original loan proceed.			
RECEIVED			



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report

Name of Lender:	ALICIA FLOWERS
Committee receiving loan:	COMMITTEE TO ELECT ALICIA FLOWERS TO SUMMERFIELD TOWN COUNCIL
Date of loan:	7-17-07
Amount of original loan:	3231. ⁰⁰
*Amount of loan to be forgiven:	2. ⁸⁴

I, _____ 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.

Alicia Flowers

Signature of Lender

Alicia Flowers

Signature of Committee Treasurer

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

RECEIVED

NOV 27 2007

GUILFORD COUNTY
 BOARD of ELECTIONS



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: COMMITTEE TO ELECT ALICIA FLOWERS TO
 Treasurer Name: ALICIA FLOWERS SUMMERFIELD TOWN COUNCIL
 Treasurer Address: 7401 WHITAKER CT
 (include city, state, & zip) SUMMERFIELD N.C. 27358

Treasurer Phone: 336 643 6756

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11-27-07
 Date Signed

Alicia Flowers
 Signature

RECEIVED

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

NOV 27 2007

GUILFORD COUNTY
 BOARD of ELECTIONS