

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

a. Full Name Committee to Elect Marikay Abuzuaiter		c. ID Number 83Y0PI
b. Mailing Address (include City, State and Zip Code) 114 N. Elm Street, Suite 500 Greensboro, NC 27401		d. Date Filed 7/27/2007
		e. Phone Number 336-691-8880

2007	7-9-2007	7-27-2007	Paul M. Stuttz
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<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 checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Type of Fund <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:				
Number of Fundraisers this Report 0				

a. Financial Institution Full Name Wachovia		a. Financial Institution Full Name	
b. Purpose Campaign account for receipts and expenditures	c. Account Code 7254	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

PAUL M. STUTTS Paul M. Stuttz 7/19/2007
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____
 Date Postmarked: **RECEIVED** Employee: _____
 Date Scanned: **JUL 27 2007** Employee: _____
 Date Data Entered: **GUILFORD COUNTY BOARD of ELECTIONS** Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Committee to Elect Marikay Abuzuaier		Organizational	83Y0PI
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 25.00	\$ 25.00
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)	\$ 25.00	\$ 25.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 25.00	\$ 25.00
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)	\$ 25.00	\$ 25.00
18) Cash on Hand at End	(Add lines 4 and 12 together, then subtract line 17)	\$ 0.00	\$ 0.00
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)	\$	\$
26) 48-Hour Notice Reports Sum		\$	\$

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Post if applicable)						2. ID Number
Committee to Elect Marikay Abuzuaiter						83YOPI
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	
Marikay Abuzuaiter 3601 Brassfield Oaks Drive Greensboro, NC 27410				President		
				c. Employer's Name/Specific Field		
				Mahi's Seafood		
				e. Election Sum to Date		
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		7/9/2007	\$ 25.00	
<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 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 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					\$ 25.00	
5. Total of ALL CRO-1210 Pages (This amount is on the top of Official Statement Page CRO-1100)					\$ 25.00	

Disbursements

Amendment
 Yes No

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

Committee to Elect Marikay AbuZwaiter						83Y0PI
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name
Guilford County Board of Elections						c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:
						d. Comments
						e. Election Sum to Date \$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Cash		7/9/2007	\$ 25.00	Election Filing Fees	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name
						c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
						d. Comments
						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	
				\$		
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name
RECEIVED JUL 27 2007 GUILFORD COUNTY BOARD OF ELECTIONS						c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
						d. Comments
						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	
				\$		
				\$		
Total only this Page						\$ 25.00
Total of ALL CRO-1100 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 25.00
Purpose Codes (Use located expenditure code in (a) 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