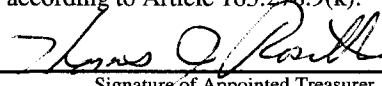


Disclosure Report Cover

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 | |
| COMMITTEE TO ELECT JOE WILSON | | | 1B74IQ | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| 3516 WALDRON DRIVE GREENSBORO, NC 27408 | | | 10/29/2007 | |
| | | | e. Phone Number | |
| | | | (336) 382-6941 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2007 | 09/25/07 | 10/22/07 | THOMAS J. ROSETTA | |
| 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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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 | | |
| 7. Type of Fund (if applicable, check one) | | State/County <input 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 | | |
| <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: | | 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 | | |
| 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 | | |
| BANK OF AMERICA | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| CHECKING ACCT. FOR RECEIPTS AND DISBURSEMENTS | 1 | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | |
| | \$ 3648.00 | | \$ | |
| 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). | | | | |
| THOMAS J. ROSETTA | |  | | 10/26/2007 |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | RECEIVED | Employee: _____ | Delivery Method | |
| Date Postmarked: | OCT 29 2007 | Employee: _____ | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | |
| Date Scanned: | GUILFORD COUNTY | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training | |
| Date Data Entered: | BOARD of ELECTIONS | Employee: _____ | | |
| <p>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.</p> | | | | |

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 JOE WILSON | PRE-ELECTION | 1B44IQ | |
| Start of Election Cycle: January 1, <u>2007</u> | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 3648.00 | \$ 0 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ 3410.00 | \$ 8770.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ 4000.00 | |
| 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) | \$ | \$ 50.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c) | \$ 3410.00 | \$ 12820.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1234.41 | \$ 3776.41 | |
| 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) | \$ | \$ 3220.00 | |
| 16) In-Kind Contributions (CRO-1510) | \$ | \$ | |
| 17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | \$ 1234.41 | \$ 6996.41 | |
| 18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | \$ 5823.59 | \$ 5823.59 | |
| ADDITIONAL INFORMATION | | | |
| 19) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | | |
| 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 4,000.00 | | |
| 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

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 Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1BY4IQ | |
| 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 | |
| LOUIS MANNS 31K WOODSTREAM LANE GREENSBORO, NC 27410 | | | | LINEMAN | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DUKE POWER | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 110.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CHECK | | 10/05/2007 | \$ 110.00 | | |
| <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 | |
| JONATHAN WAGSTAFF 2804 S. ELM - EUGENE ST. GREENSBORO, NC 27406 | | | | OWNER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CITGO CONVENIENCE STORE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 1200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input checked="" type="checkbox"/> | 1 | CHECK | | 10/05/2007 | \$ 500.00 | | |
| <input checked="" type="checkbox"/> | 1 | CHECK | | 10/15/2007 | \$ 500.00 | | |
| <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 | |
| JAQUELINE MANZI 104 PINEBURR RD GREENSBORO, NC 27455 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election 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 checked="" type="checkbox"/> | 1 | CHECK | | 10/11/2007 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1310.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1190)</i> | | | | | | \$ 3410.00 | |

Contributions from Individuals

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 Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1B44IQ | |
| 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 | |
| TOM ROSETTA 3516 WALDRON DR GREENSBORO, NC 27408 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election 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"/> | 1 | CHECK | | 10/12/2007 | \$ 200.00 | | |
| <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 | |
| MARIA BYARS 3008 EDGEWATER DRIVE GREENSBORO, NC 27403 | | | | RETAIL SALES PERSON | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | SPORTS APPAREL | | \$ 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"/> | 1 | CHECK | | 10/18/2007 | \$ 50.00 | | |
| <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 | |
| LINDA ROY ARRINGTON 5803 LAKE VICTORIA DR. LAKELAND, FLA 33813 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election 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"/> | 1 | CHECK | | 10/18/2007 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 3410.00 | |

Contributions from Individuals

Pg 3 of 6 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 Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1B44IQ | |
| 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 | |
| DANIEL WITMAN 910 BUTTE ST. CLAREMONT, CA 91711 (909) 625-6507 | | | | LIEUTENANT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | LOS ANGELES POLICE DEP'T | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | CHECK | | 10/12/2007 | | \$ 100.00 | |
| <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 | |
| WES ISLEY 3507 BROOKFIELD DR. GREENSBORO, NC 27410 | | | | REALTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | REMAX | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | CHECK | | 10/17/2007 | | \$ 100.00 | |
| <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 | |
| JOE GUARINO MD 217A TURNER DRIVE REIDSVILLE, NC 27330 | | | | MEDICAL DOCTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | PIEDMONT OCCUPATIONAL AND URGENT CARE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 750.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input checked="" type="checkbox"/> | 1 | CHECK | | 10/16/2007 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 3410.00 | |

Contributions from Individuals

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 Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1B74IQ | |
| 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 | |
| PAUL WALKER 5409 HIDDEN VALLEY RD. GREENSBORO, NC 27407 336-454-3548 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CHECK | | 09/18/2007 | \$ 100.00 | | |
| <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 | |
| LAWSON JONES 1313 SURREY DR. GREENSBORO, NC 27408 336-638-4681 | | | | REALTOR | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | YOST & LITTLE | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CHECK | | 10/04/2007 | \$ 100.00 | | |
| <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 | |
| ALAN FERGUSON ATTORNEY 314 N. CHURCH ST GREENSBORO, NC 27401 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | CHECK | | 10/05/2007 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 3410.00 | |

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full

| | | | | |
|--|----------------------------|--|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| COMMITTEE TO ELECT JOE WILSON | | | 1BY4IQ | |
| 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 | |
| BILLY JOE WILSON 210 W. CORNWALLIS DR. GREENSBORO, NC 27408 | | REALTOR | | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) | |
| | | YOST & LITTLE | f. End Date (mm/dd/yyyy) | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | |
| % | | \$ 4,000.00 | \$ 4,000.00 | |
| k. Full Name of Lending Institution | | | l. Loan Number | |
| | | | | |
| 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 | |
| | | | | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) | |
| | | | f. End Date (mm/dd/yyyy) | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | |
| % | | \$ | \$ | |
| k. Full Name of Lending Institution | | | l. Loan Number | |
| | | | | |
| 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 | |
| | | | | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) | |
| | | | f. End Date (mm/dd/yyyy) | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | |
| % | | \$ | \$ | |
| k. Full Name of Lending Institution | | | l. Loan Number | |
| | | | | |
| 4. Total only this Page | | | \$ 4,000.00 | |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i> | | | \$ 4,000.00 | |

Disbursements

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 | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1B44IQ | |
| 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) | | | | b. Coordinated Committee Name | | d. Comments | |
| WOMAN PO BOX 10465 GREENSBORO, NC 27404 (336) 294-1968 | | | | | | CANDIDATE FORUM | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 40.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | 0 | 09/27/2007 | \$ 40.00 | | | |
| | | | | \$ | | | |
| 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 | |
| SIGNS BY TOMORROW 4620-A W. MARKET ST. GREENSBORO, NC 27407 (336) 855-9595 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 642.62 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | F | 09/27/2007 | \$ 80.07 | SIGN STAKES | | |
| 1 | CHECK | F | 10/03/2007 | \$ 80.07 | SIGN STAKES | | |
| 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 | |
| SIGNS BY TOMORROW 4620-A W. MARKET ST. GREENSBORO, NC 27407 (336) 855-9595 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 642.62 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | F | 10/17/2007 | \$ 102.73 | STAKES FOR LAWN SIGNS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 302.97 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1234.41 | |
| <small>(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)</small> | | | | | | | |
| 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) | | | | | | | |

Disbursements

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 | |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1BY4IQ | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input 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 | |
| THE MAILING SERVICE PO BOX 19423 GREENSBORO, NC 27419 (336) 931-0662 | | | | | | MAILINGS | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 363.93 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | I | 10/01/07 | \$ 256.91 | | | |
| 1 | | I | 10/17/07 | \$ 106.92 | | | |
| 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 | |
| NORTH CAROLINA ART 1601 E MARKET ST MURPHY HALL, SUITE 104 GREENSBORO, NC 27411 (336) 334-7792 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 150.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | O | 10/15/2007 | \$ 150.00 | ART AGNEE MILE PARADE - FLOAT | | |
| 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 | |
| JOE WILSON 210 W. CORNWALLIS DR. GREENSBORO, NC 27408 (336) 314-7875 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 142.52 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | K | 10/17/2007 | \$ 107.81 | COMMITTEE DINNER REIMBURSEMENT | | |
| 5. Total only this Page | | | | | | \$ 621.64 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1234.41 | |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> | | | | | | | |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> | | | | | | | |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | | |
| 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) | | | | | | | |

Disbursements

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 |
| COMMITTEE TO ELECT JOE WILSON | | | | | | 1B44IQ |
| 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) | | | b. Coordinated Committee Name | | d. Comments | |
| FEDEX KINKUS 4205 W. WENDOVER AVE GREENSBORO, NC 27407 (336) 316-1165 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 72.54 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | CHECK | B | 10/17/2007 | \$ 72.54 | PRINTING MAILERS | |
| | | | | \$ | | |
| 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 | |
| ELKS CLUB CORNWALLIS AVE GREENSBORO, NC | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 200.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | O | 10/17/2007 | \$ 200.00 | MEETING ROOM RENTAL | |
| | | | | \$ | | |
| 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 | |
| DUNCAN FARWELL 4275 REGENCY DRIVE GREENSBORO, NC 27410 (REIMBURSED FOR JOE WILSON) SUSAN BROWN | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 37.36 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | B | | \$ 37.36 | LAMINATED MAP | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 309.90 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1234.41 | |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> | | | | | | |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> | | | | | | |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | |
| 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) | | | | | | |