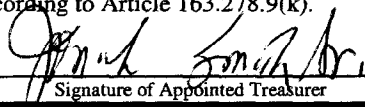


Disclosure Report Cover

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 <p style="text-align:center">Citizens for Wells</p>		c. ID Number <p style="text-align:center">3EY9T7</p>																																					
b. Mailing Address (include City, State and Zip Code) <p style="text-align:center">Post Office, Box 13784 Greensboro, N. C. 27415-3784</p>		d. Date Filed <p style="text-align:center">9/26/07</p>																																					
		e. Phone Number <p style="text-align:center">(336) 375-3388</p>																																					
2. Report Year <p style="text-align:center">2007</p>	3. Period Start Date (mm/dd/yy) <p style="text-align:center">7/1/07</p>	4. Period End Date (mm/dd/yy) <p style="text-align:center">9/25/07</p>	5. Treasurer Full Name <p style="text-align:center">Jonah Smith, Sr.</p>																																				
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input checked="" type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third Plus</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one)		10. Special Report Name																																					
<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:																																							
8. Number of Fundraisers this Report <p style="text-align:center">1</p>																																							
11. Account Information		11. Account Information																																					
a. Financial Institution Full Name <p style="text-align:center">Branch Banking & Trust Co.</p>		a. Financial Institution Full Name																																					
b. Purpose <p style="text-align:center">To receive and Disburse Campaign Funds</p>	c. Account Code <p style="text-align:center">02</p>	b. Purpose	c. Account Code																																				
	d. Period Begin Balance <p style="text-align:center">\$ 1,203.27</p>		d. Period Begin Balance <p style="text-align:center">\$</p>																																				
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).																																							
Jonah Smith, Sr. <small>Printed Name of Signer</small>		 <small>Signature of Appointed Treasurer</small>	9/26/07 <small>Date</small>																																				
FOR OFFICE USE ONLY																																							
Date Received:	RECEIVED	Employee: _____	Delivery Method																																				
Date Postmarked:	SFP 26 2007	Employee: _____	<input type="checkbox"/> Normal Mail																																				
Date Scanned:	GUILFORD COUNTY	Employee: _____	<input type="checkbox"/> Registered Mail																																				
Date Data Entered:	BOARD of ELECTIONS	Employee: _____	<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	
Citizens for Wells	35 Day Report	3EY9T7	
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,203.27	\$ 853.27
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 988.00	\$1,488.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,420.00	\$2,620.00
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)	\$ 350.00	\$ 350.00
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		\$ 3,758.00	\$ 4,458.00
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,644.55	\$ 2,994.55
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		\$ 2,644.55	\$ 2,994.55
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			
18) Cash on Hand at End		\$ 2,316.72	\$ 2,316.72
<i>(Add lines 4 and 12 together, then subtract line 17)</i>			
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)	\$	\$
26) 48-Hour Notice Reports Sum		\$	\$

Aggregated Contributions from Individuals

Page 1 of 2

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

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
Citizens for Wells					3EY9T7
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	02	Cash		7/13/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Cash		7/13/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Cash		7/13/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Cash		7/14/07	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/14/07	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/14/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/16/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Cash		7/19/07	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Cash		7/19/07	\$ 23.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/19/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/20/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		7/30/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		8/13/07	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		8/13/07	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	02	Check		8/21/07	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 728.00
5. Total of ALL CRO-1205 Pages					\$ 988.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 1 of 4

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	
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
Helen D. Wolff 5510-B Tomahawk Dr. Greensboro, N. C. 27410 Tel. (336) 852-8454			Retired Educator		
			c. Employer's Name/Specific Field		
			Guilford County Public Schools		
			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"/>	02	Check		7/24/07	\$ 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
Lila G. Lloyd 1702 Woodbriar Ave. Greensboro, N. C. 27405 Tel. (336) 273-1361			Retired Educator		
			c. Employer's Name/Specific Field		
			N. C. A&T State Univ. School of Business & Econ.		
			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"/>	02	Check		7/28/07	\$ 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
Bishop David R. Houston 7810 FM Road Tyler, Texas 75708 Tel. (903) 565-0118			Jurisdictional Bishop		Non-Resident Contributor
			c. Employer's Name/Specific Field		
			Church of God in Christ, Tyler, Texas		
			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"/>	02	Check		8/23/07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 400.00
5. Total of All CRO-1210 Pages (This line must be on line 1 of Detailed Summary Page CRO-1100)					\$ 2,420.00

Contributions from Individuals

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) Citizens for Wells				2. ID Number 3EY9T7	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Belinda Sellers 3901 Hope Valley Lane Greensboro, N. C. 27401 Tel. (336) 333-2575			b. Job Title/Profession Retired Postal Carrier		d. Comments
			c. Employer's Name/Specific Field United States Postal Service		
			e. Election Sum to Date \$ 60.00		
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		7/12/07	\$ 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) Mary H. Purnell 161 N. Dudley Street Greensboro, N. C. 27401 Tel. (336) 272-2795			b. Job Title/Profession Retired Educator		d. Comments
			c. Employer's Name/Specific Field N. C. Dept. of Instruction		
			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"/>	02	Check		7/23/07	\$ 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) Oliver Thomas 5915 Quiet Cove Court Charlotte, N. C. 28215 Tel. (336) 275-6752			b. Job Title/Profession Full-time Grad. Student Wake Forest Univ.		d. Comments
			c. Employer's Name/Specific Field		
			e. Election Sum to Date \$ 175.00		
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		7/24/07	\$ 50.00
<input type="checkbox"/>	02	Check		9/18/07	\$ 100.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 270.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 4 of Detailed Summary Page CRO-1100)</i>					\$ 2,420.00

Contributions from Individuals

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	
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	
Zanzella Savoy 1502 Sir Galahad Street Greensboro, N. C. 27405 Tel. (336) 375-6704			Program Dir.		
			c. Employer's Name/Specific Field		
			Step By Step Specialized Health Care Mgmt.		
				e. Election Sum to Date	
				\$ 100.00	
4. Prior					
<input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	02	Cash		7/16/07	\$ 50.00
<input type="checkbox"/>	02	Cash		8/27/07	\$ 50.00
<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	
Dr. Otis Lockett 7209 Henson Farm Way Summerfield, N. C. 27358 Tel. (336) 644-7348			Minister		
			c. Employer's Name/Specific Field		
			Evangel Fellow- ship Church of God in Christ		
				e. Election Sum to Date	
				\$ 500.00	
4. Prior					
<input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	02	Check		8/28/07	\$ 500.00
<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	
Rev. Vicurtis Little 300 Massachusetts Ave. Washington, D.C. 20001 Tel. (202) 326-0262			Minister	Non-Resident Contributor	
			c. Employer's Name/Specific Field		
			Greater Deliver- ance Church of God in Christ		
				e. Election Sum to Date	
				\$ 1,000.00	
4. Prior					
<input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	02	Check		8/30/07	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 1,600.00	
5. Total of All CRO-1210 Pages				\$ 2,420.00	
<i>(This line must be on the Last Detailed Summary Page CRO-1210)</i>					

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	
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
Carolyn Bowden 3504 Glen Forest Court Greensboro, N. C. 27401 Tel. (336) 282-1056				Legal Asst.		
				c. Employer's Name/Specific Field		
				Steve Bowden Assoc., Atty at Law		e. Election Sum to Date
						\$ 150.00
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		9/18/07	\$ 150.00	
<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					\$ 150.00	
5. Total of ALL CRO-1210 Pages					\$ 2,420.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure

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)			d. Type of Committee		g. Comments
Blandwood Carriage House 400 W. McGee Street Greensboro, N. C. 27401 Tel. (336) 272-5003			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		6/30/07
					i. Original Expenditure Amt
					\$ 350.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Refundable Deposit for Facil	
				j. Election Sum to Date	
				\$ 350.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
02	Check			8/2/07	\$ 350.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1240 Pages (This line must be on the 10 of Detailed Summary Page CRO-1100)					\$ 350.00

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

1. Committee Full Name (and Fund if applicable): Citizens for Wells				2. ID Number: 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) Guilford County Board of Elections, P. O. Box 3427 Greensboro, N. C. 27402 Tel. (336) 641-3836			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		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
02	Check	H	7/10/07	\$ 25.00	Filing Fee for City Council
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Arrowhead Graphics, Inc. 508 Houston Street Greensboro, N. C. 27401 Tel. (336) 274-2419			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,158.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
02	Check	A	7/18/07	\$ 600.00	Partial Payment Yard Signs
02	Check	A	7/30/07	\$ 558.24	Final Payment for Yard Signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Latta Distributing Co. 7671 Caber Rd. Brown Summit, N. C. 27214 Tel. (336) 656-3481			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 360.29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
02	Check	K	7/18/07	\$ 360.29	Pens & Lapel Buttons
				\$	
c. Total only this Page					\$ 1,543.53
e. Total of ALL CRO-1310 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)					\$ 2,644.55
7. Purpose Codes (List detailed expenditure code in (h) above.)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (s)					

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

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. Payer 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. (336) 375-6040						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 752.52
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
02	Check	B	8/2/07	\$ 752.52	Printing invitations, Labels, etc.	
				\$		
4. Payer 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
Guilford Co. Democratic Party 6600 W. Market Street Greensboro, N. C. Tel. (336) 275-4918						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 100.00
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
02	Check	G	9/15/07	\$ 100.00	True Blue Club Unity Dinner	
				\$		
4. Payer 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
						\$
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
				\$		
				\$		
6. Total only this Page						\$ 852.52
6. Total of ALL CRO-1310 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)						\$ 2,644.55
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)						