

# 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

<b>1. Committee Information</b>	
a. Full Name <b>COMMITTEE TO ELECT JOE WILSON</b>	c. ID Number <b>1BY4IQ</b>
b. Mailing Address (include City, State and Zip Code) <b>3516 WALDRON DRIVE GREENSBORO, NC 27408</b>	d. Date Filed <b>08/31/2007</b>
	e. Phone Number <b>(336) 282-6941</b>

<b>2. Report Year</b> <b>2007</b>	<b>3. Period Start Date (mm/dd/yy)</b> <b>05/11/07</b>	<b>4. Period End Date (mm/dd/yy)</b> <b>08/28/07</b>	<b>5. Treasurer Full Name</b> <b>THOMAS J. ROSETTA</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 checked="" type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	Semi-annual	<b>10. Special Report Name</b>
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>BANK OF AMERICA</b>	a. Financial Institution Full Name	b. Purpose <b>CHECKING FOR RECEIPTS AND EXPENDITURES</b>	c. Account Code <b>1</b>
b. Purpose	b. Purpose	d. Period Begin Balance <b>\$ 4700.00</b>	d. Period Begin Balance <b>\$</b>

**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** *Thomas J. Rosetta* **08/28/2007**  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: **RECEIVED** Employee: \_\_\_\_\_  
 Date Postmarked: **AUG 31 2007** Employee: \_\_\_\_\_  
 Date Scanned: **GUILFORD COUNTY BOARD of ELECTIONS** Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_ 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  
 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	DISCLOSURE REPORT	1BY4IQ
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4700.00	\$ 4700.00
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 3860.00	\$ 4560.00
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	\$ 50.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 3910.00	\$ 8610.00
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2379.74	\$ 2379.74
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	\$ 3220.00
16) In-Kind Contributions (CRO-1510)	\$	\$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 5599.74	\$ 5599.74
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 3010.26	\$ 7710.26
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 4000.00	\$
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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON							
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVID KISS 3102 TIMBERWOLF AVE HIGH POINT, NC (336) 430-0750				FITNESS CTR MANAGER			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				FITNESS TODAY		\$ 135.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		06/05/07	\$ 135.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JANICE HAMBY 7914 SOUTHERLAND DRIVE BROWNS SUMMIT, NC 27214				FREIGHT DISPATCHER			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ 800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		CHECK		06/25/07	\$ 800.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TOM ZALES 6326 RIVER HILLS DR. GREENSBORO, NC 27410 (336) 669-4202				OWNER BIKE SHOP			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				PPM BIKE SHOP		\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		CHECK		06/07/07	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1,135.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 3,860.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ANITA WILSON 6503 McLEANSVILLE RD McLEANSVILLE, NC 27301</b>				b. Job Title/Profession <b>AUTO SALES OWNER</b>		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ <b>500.00</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<b>CHECK</b>		<b>05/31/07</b>	\$ <b>500.00</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WILEY SIKES 820 LARKWOOD DR. GREENSBORO, NC 27410 (336) 299-3611</b>				b. Job Title/Profession <b>RENTAL PROPERTY OWNER</b>		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ <b>300.00</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<b>CHECK</b>		<b>05/29/07</b>	\$ <b>300.00</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>CORNELIUS MANUS 3121 Hickory Ridge Dr. WINSTON-SALEM, NC 27127 (336) 784-8302</b>				b. Job Title/Profession <b>FACTORY MANAGER</b>		d. Comments	
				c. Employer's Name/Specific Field <b>GILBARCO/NEEDA REST GAS PUMP MANUFACTURER</b>			
						e. Election Sum to Date \$ <b>100.00</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<b>CHECK</b>		<b>06/18/07</b>	\$ <b>100.00</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ <b>900.00</b>	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ <b>3860.00</b>	

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON						
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MIKE REED 8218 MAPLEWAY LN. GREENSBORO, NC			PIPE FITTER			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		MONEY ORDER		06/13/07	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOE REED 3808 NC HWY 150 E GREENSBORO, NC			WELDER			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		MONEY ORDER		06/13/07	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TERRY MILLER PO BOX 466 BROWNS SUMMIT NC 27214			SALES MAN			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 340.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		CHECK		06/21/07	\$ 340.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 540.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3860.00	

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT / JOE WILSON						
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRED GARRISON 814 GUILFORD CBL. RD. GREENSBORO, NC 27409 (336) 852-4429			DISABLED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 185.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		CHECK		05/24/07	\$ 185.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TINA CHILDRESS 841 GALIMORE DAIR-1 RD. HIGH POINT, NC 27265 (336) 605-1933			HAIRDRESSER			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>				05/31/07	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JERBUE PEARSON 3402 WYNNEWOOD DR. GREENSBORO, NC 27408 (336) 288-5670			LANDLORD			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 300.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>				05/29/07	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 585.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3860.00	

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON							
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RICKY COLEMAN 1204 MEADOW ST GREENSBORO, NC				LANDSCAPER			
				<b>c. Employer's Name/Specific Field</b>			
				LANDSCAPPING			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		MONEY ORDER		06/13/07	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRAD MILLS 944 S. CHAPMAN ST. GREENSBORO, NC				<del>MECHANIC</del> MECHANIC			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		MONEY ORDER		06/13/07	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
WILLIS MCKOY 1521 WESTCHESTER AVE RALEIGH, NC 27610 (336) 707-9901				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		MONEY ORDER			\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 3860.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT JPE WILSON							
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ALAN WOLF 903 WESTMINSTER DR. GREENSBORO, NC 27410 (336)-294-2263							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		CHECK		08/21/2007	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RANDA SIMAAN 6203 WESTCOTT DR. SUMNERFIELD, NC 27358				R/E DEVELOPER			
				<b>c. Employer's Name/Specific Field</b>			
				SELF EMPL.			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		CHECK		07/01/2007	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 3860.00	

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON					
<b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
BANK OF AMERICA @CHARLOTTE, NC					
		<b>c. Outside Source Explanation</b>		<b>e. Election Sum to Date</b>	
		BONUS OF 150 FOR OPENING ACCOUNT		\$ 50.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
	ACCT. CREDIT		07/06/2007	\$ 50.00	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
		<b>c. Outside Source Explanation</b>		<b>e. Election Sum to Date</b>	
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
		<b>c. Outside Source Explanation</b>		<b>e. Election Sum to Date</b>	
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 50.00	
<b>6. Total of ALL CRO-1250 Pages</b>				\$ 50.00	
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small> <small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small> <small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>					

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT JOE WILSON	<b>2. ID Number</b>
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**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*  
 Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DEAL PRINTING COMPANY PO BOX 16923 616 S. ELM ST. GREENSBORO NC 27406 (336) 273-3152	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 105.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1002 CHECK	B	06/10/2007	\$ 105.63	RAFFLE TICKETS (CANCELLED)
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TOM ROSETTA 3516 WALDRON DR. GREENSBORO, NC 27408 (336) 282-6941	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 55.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK 1012	R	07/30/2007	\$ 55.00	COMMITTEE MTG. REFRS H. REIMBURSEMENT
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) STERLING PRINTING INC. PO. BOX 1193 THOMASVILLE, NC 27361 (336) 475-8179	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 761.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK 1013	B	08/02/2007	\$ 761.13	HAND OUTS POST CARDS BUS CARDS
				\$	

**5. Total only this Page**    \$ 921.76

**6. Total of ALL CRO-1310 Pages**    \$ 2379.74  
*(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)*

**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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <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 type="checkbox"/> Municipality:		\$ 217.49	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	1022 CHECK	F	08/13/2007	\$ 64.05	STAKES FOR LAWN SIGNS		
	1024 CHECK	F	08/20/2007	\$ 153.44	" " "		
<b>4. Payee Information</b> <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	
ALPZ SCREEN PRINT 137 W. WALNUT CIR. GREENSBORO, NC 27409 (336) 855-8788							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 429.20	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	1016 CHECK	B	08/08/2007	\$ 324.58	PRINTING TEE SHIRTS		
	1023 CHECK	B	08/20/2007	\$ 104.62	" "		
<b>4. Payee Information</b> <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 type="checkbox"/> Municipality:		\$ 34.71	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	1014 CHECK	K	08/08/2007	\$ 34.71	COMMITTEE MTG. REFRESHMENTS		
				\$			
<b>5. Total only this Page</b>						\$ 681.40	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2379.74	
<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>							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							

**Refunds/Reimbursements From the Committee**

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON					
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DAVID KISS 3102 TIMBERWOLF AVE. HIGH POINT, NC 27265 (336) 430-0750			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession			e. Level Registered (Specify)		h. Original Receipt Date
FITNESS CTR MANAGER			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/05/07
c. Employer's Name/Specific Field			f. Purpose Code		i. Original Receipt Amount
FITNESS TODAY			L		\$ 135.00
k. Account Code		l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
		CHECK			08/13/07
					o. Amount
					\$ 135.00
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
JANICE HANBY 7914 SOUTHERLAND DRIVE BROWNS SUMMIT, NC 27214			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession			e. Level Registered (Specify)		h. Original Receipt Date
FREIGHT DISPATCHER			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/25/07
c. Employer's Name/Specific Field			f. Purpose Code		i. Original Receipt Amount
			L		\$ 800.00
k. Account Code		l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
		CHECK			07/30/2007
					o. Amount
					\$ 800.00
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
TOM ZALES 6326 RIVER HILLS DR GREENS BORO, NC 27410 (336) 669-4202			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession			e. Level Registered (Specify)		h. Original Receipt Date
OWNER BIKE SHOP			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/07/07
c. Employer's Name/Specific Field			f. Purpose Code		i. Original Receipt Amount
PPM BIKE SHOP			L		\$ 200.00
k. Account Code		l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
		CHECK			07/30/2007
					o. Amount
					\$ 200.00
<b>4. Total only this Page</b>					\$ 1135.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3220.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

**Refunds/Reimbursements From the Committee**

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON					
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
WILEY SIKES 820 LARKWOOD DR. GREENSBORO, NC 27410 (336) 299-3611			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
<b>b. Job Title/Profession</b>			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
RENTAL PROPERTY OWNER			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/29/07
<b>c. Employer's Name/Specific Field</b>			<b>f. Purpose Code</b>		<b>i. Original Receipt Amount</b>
OWNER			L		\$ 300.00
<b>j. Election Sum to Date</b>					\$
					\$
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK	L	07/30/2007	\$ 300.00	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
CORNELIUS MANNS 3121 HICKORY RIDGE DR. WINSTON SALEM NC 27107 (336) 784-8302			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
<b>b. Job Title/Profession</b>			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
FACTORY MANAGER			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/18/07
<b>c. Employer's Name/Specific Field</b>			<b>f. Purpose Code</b>		<b>i. Original Receipt Amount</b>
GILBAREO GAS PUMP MFG.			L		\$ 100.00
<b>j. Election Sum to Date</b>					\$
					\$
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK	/	08/13/07	\$ 100.00	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
MIKE REED 828 MAPLEWAY LN GREENSBORO, NC			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
<b>b. Job Title/Profession</b>			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
PIPE FITTER			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/13/07
<b>c. Employer's Name/Specific Field</b>			<b>f. Purpose Code</b>		<b>i. Original Receipt Amount</b>
			L		\$ 100.00
<b>j. Election Sum to Date</b>					\$
					\$
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK		07/30/2007	\$ 100.00	
<b>4. Total only this Page</b>					\$ 500.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3220.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>	
JOE REED 3808 NC HWY 150E GREENSBORO, NC		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>e. Level Registered (Specify)</b>	
WELDER				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>		<b>h. Original Receipt Date</b>	
		L		06/13/07	
				<b>i. Original Receipt Amount</b>	
				\$ 100.00	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK		07/30/07	\$ 100.00	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>	
FRED GARRISON 814 GUILFORD COL. RD. GREENSBORO, NC 27409 (336) 852-4429		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>e. Level Registered (Specify)</b>	
HANDICAPPED UNEMPLOYED				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>		<b>h. Original Receipt Date</b>	
		L		05/24/07	
				<b>i. Original Receipt Amount</b>	
				\$ 185.00	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK		08/13/07	\$ 185.00	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>	
TINA CHILDRESS 841 GALIMORE DAIRY RD. HIGH POINT, NC 27265 (336) 605-1933		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>e. Level Registered (Specify)</b>	
HAIRDRESSER				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>f. Purpose Code</b>		<b>h. Original Receipt Date</b>	
		L		05/31/07	
				<b>i. Original Receipt Amount</b>	
				\$ 100.00	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
	CHECK		08/30/07	\$ 100.00	
<b>4. Total only this Page</b>				\$ 385.00	
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3220.00	
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

**Refunds/Reimbursements From the Committee**

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON					
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANITA WILSON 6503 McLEANSVILLE RD McLEANSVILLE, NC 27301			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		CASH RETURNED CHECK INSUF. FUNDS
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/31/07
					<b>i. Original Receipt Amount</b>
					\$ 500.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
AUTO DEALER (OWNER)				L	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
	RETURNED CHECK (INS. FUNDS)				\$ 500.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Receipt Amount</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Receipt Amount</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 500.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3220.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

# Outstanding Loans

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT JOE WILSON			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
BILLY JOE WILSON 210 W. CORNWALKIS DR. GREENSBORO, NC 27408		REALTOR	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		YOST & LITTLE	<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 4,000.00	\$ 4,000.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$	\$
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$	\$
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>4. Total only this Page</b>		\$ 4,000.00	
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>		\$ 4,000.00	