

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

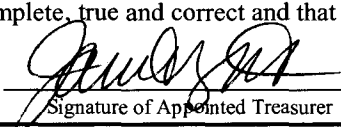
1. Committee Information	
a. Full Name Carmany for Council	c. ID Number L9YHK7
b. Mailing Address (include City, State and Zip Code) 1504 Larson St. Greensboro, NC 27407	d. Date Filed
	e. Phone Number 336-454-4296

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 1/1/2008	4. Period End Date (mm/dd/yy) 5/31/2008	5. Treasurer Full Name Janet M. Wright
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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	Municipal	State/County	Referendum
<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 type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<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		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia Bank		a. Financial Institution Full Name Wachovia Bank	
b. Purpose Campaign	c. Account Code 12049	b. Purpose Campaign	c. Account Code 12049
	d. Period Begin Balance \$ 88.55		d. Period Begin Balance \$

CERTIFICATION
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).
Janet M. Wright
Printed Name of Signer


Signature of Appointed Treasurer

7/9/08
Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: _____

Date Postmarked: **JUL 09 2008** 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Carmany for Council		post election		L9YHK7	
Start of Election Cycle: January 1, 2008			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 88.55	\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$	\$	
6) Contributions from Individuals (CRO-1210)			\$ 500.00	\$ 500.00	
7) Contributions from Political Party Committees (CRO-1220)			\$	\$	
8) Contributions from Other Political Committees (CRO-1230)			\$	\$	
9) Loan Proceeds (CRO-1410)			\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)			\$	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)			\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)			\$	\$	
11c) Outside Sources of Income (CRO-1250)			\$	\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			\$ 500.00	\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 66.00	\$ 66.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)			\$	\$	
14) Loan Repayments (CRO-1420)			\$ 522.63	\$ 522.63	
15) Refunds/Reimbursements From the Committee (CRO-1320)			\$	\$	
16) In-Kind Contributions (CRO-1510)			\$	\$	
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			\$ 588.63	\$ 522.63	
18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i>			\$ 0	\$ 0	
ADDITIONAL INFORMATION					
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$		
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 1163.62		
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)			\$ 1163.62	\$	
26) 48-Hour Notice Reports Sum			\$	\$	

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	
Carmany for Council					L9YHK7	
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	
Robert Carmany 1504 Larson St. Greensboro, NC 27407			Dept. Manager			
			c. Employer's Name/Specific Field Honda Jet			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	12049	Check		3/15/2008	\$ 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	
			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"/>	12049				\$	
<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"/>	12049				\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 500.00	

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) Carmany for Council					2. ID Number
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) Wachovia Bank P.O. Box 40031 Roanoke, VA 24022		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 66.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		0	4/30/08	\$66.00	Bank Service Charges 1/08 --
				\$	5/08
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 66.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 66.00
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

Loan Repayments

Use this form to report payments on an existing loan

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

1. Committee Full Name (and Fund if applicable) Carmany for Council				2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sandy Carmany 1504 Larson St. Greensboro, NC 27407				b. Comments	
				c. Original Loan Date 10/30/2008	
				d. Original Loan Amount \$ 4186.25	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 1686.25		Check	4/30/2008	\$	
\$ 1163.62		Check	5/27/2008	\$ 522.63	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount \$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount \$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 522.63	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 522.63	

Forgiven Loans

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

1. Committee Full Name (and Fund if applicable) Carmany for Council		2. ID Number L9YHK7	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sandy Carmany 1504 Larson St. Greensboro, NC 27407		b. Comments	
		c. Original Loan Date (mm/dd/yyyy) 10/30/2007	f. Election Sum to Date \$
		d. Original Loan Amount \$ 4186.25	g. Date (mm/dd/yyyy)
		e. Remaining Loan Balance \$ 1163.62	h. Forgiven Amount \$ 1163.62
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date \$
		d. Original Loan Amount \$	g. Date (mm/dd/yyyy)
		e. Remaining Loan Balance \$	h. Forgiven Amount \$
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date \$
		d. Original Loan Amount \$	g. Date (mm/dd/yyyy)
		e. Remaining Loan Balance \$	h. Forgiven Amount \$
4. Total only this Page		\$ 1162.63	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 1162.63	
<i>The lender information should contain the same information as supplied under the original loan proceed.</i>			