

# Disclosure Report Cover

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

Please note that this cover sheet 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 those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.


<b>1. Committee Information</b>			
a. Full Name		e. ID Number	
Citizens for Wells		3EY9T7	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P. O. Box 13784 Greensboro, N. C. 27415-3784		9/2/05	
		e. Phone Number	
		(336)375-3388	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	7/12/05	8/30/05	Jonah Smith, Sr.

6. Type of Committee (Check one)		8. 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"/> Organizational	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational
<input type="checkbox"/> Refundation		<input type="checkbox"/> Pro-primary	Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pro-election	<input type="checkbox"/> First Phs
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pro-runoff	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		Semi-annual	<input type="checkbox"/> Third Phs
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Year End	Semi-annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Special	<input type="checkbox"/> Year End
<input type="checkbox"/> Other			<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		9. Special Report Name	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Bank of America			
b. Purpose	c. Code	b. Purpose	c. Code
To Receive & Disburse Campaign Funds	02		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 720.00		\$

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Jonah Smith, Sr.  9/2/05  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

RECEIVED  
 SEP 01 2005  
 GUILFORD COUNTY BOARD OF ELECTIONS  


# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Citizens for Wells	Rec. & Exp.	3EY9T7	
<b>Start of Election Cycle:</b> January 1, 2005	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
4) Cash on Hand at Start	\$ 720.00	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2,476.01	\$ 3,065.88	
6) Contributions from Individuals (CRO-1210)	\$ 1,187.45	\$ 1,387.45	
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 (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 3,663.46	\$ 4,453.33	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 3,565.69	\$ 3,565.69	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$ 69.87	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 3,565.69	\$ 3,635.56	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 817.77	\$ 817.77	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	\$	\$	



# Contributions from Individuals

Page 1 of 3

Agreement

Yes  No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Citizens for Wells					3EY9T7	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ralph C. Johnson 1822 Muncey Lane Greensboro, N. C. 27401			Self-Employed			
			c. Employer's Name/Specific Field			
					e. Election Cycle Sum to Date	
					\$ 137.45	
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		7/12/05	\$ 100.00	
<input type="checkbox"/>	02	Check		8/11/05	\$ 37.45	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Zanzella L. F. Savoy 1502 Sir Galahad Greensboro, N. C. 27405			Program Director			
			c. Employer's Name/Specific Field			
			Step By Step Specialized Health Care Mgmt.		e. Election Cycle Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	02	Check		7/9/05	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Oliver Thomas 5915 Quiet Cove Court Charlotte, N. C.			College Student			
			c. Employer's Name/Specific Field			
			Full-Time Student at N. C. A&T State Univ.		e. Election Cycle Sum to Date	
					\$ 250.00	
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		7/16/05	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 587.45	
5. Total of ALL CRO-1210 Pages					\$ 1,187.45	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Page 2 of 3

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number
Citizens for Wells						3EY9T7
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Dr. Herman Platt 1001 E. Washington Street Greensboro, N. C. 27401			Minister			
			e. Employer's Name/Specific Field	f. Election Cycle From to Date		
			Wells Memorial COGIC, 1001 E. Washington St Greensboro, N. C.	\$ 200.00		
g. Prior	h. Account Code	i. Form of Payment	j. In-Kind Description	k. Date (mm/dd/yyyy)	l. Amount	
<input type="checkbox"/>	02	Check		8/8/05	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Nancy M. Perkins 5773 Bethel Church Rd. McLeansville, N. C. 27301-923			Homemaker			
			e. Employer's Name/Specific Field	f. Election Cycle From to Date		
				\$ 250.00		
g. Prior	h. Account Code	i. Form of Payment	j. In-Kind Description	k. Date (mm/dd/yyyy)	l. Amount	
<input type="checkbox"/>	02	Check		8/11/05	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Janet Floyd 3017 River Oaks Monroe, La. 71201			Attorney-at-Law	Contributor is a non-resident		
			c. Employer's Name/Specific Field	f. Election Cycle From to Date		
			Practicing Attorney	\$ 100.00		
g. Prior	h. Account Code	i. Form of Payment	j. In-Kind Description	k. Date (mm/dd/yyyy)	l. Amount	
<input type="checkbox"/>	02	Check		8/8/05	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages					\$1,187.45	
<small>(This line must be on line 5 of Detailed Summary Page CRO-110)</small>						

**Contributions from Individuals**

Assessment  Yes  No

1. Candidate Full Name (and Fund if applicable)					2. ID Number
Citizens for Wells					3EY9T7
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
4. Full Name, Mailing Address & Phone (include city, state, & zip)			5. Job Title/Profession	6. Comments	
Heather Seifert 821 1/2 N. W. 20th Street Oklahoma City, Ok 13106-6201			Director	Contributor is a non-resident	
			7. Employer's Name/Specific Field	8. Election Cycle Start to Date	
			Oklahoma Preservation Society	\$ 50.00	
9. Prior	10. Account Code	11. Form of Payment	12. In-Kind Description	13. Date (mm/dd/yyyy)	14. Amount
<input checked="" type="checkbox"/>	02	Check		8/25/05	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
4. Full Name, Mailing Address & Phone (include city, state, & zip)			5. Job Title/Profession	6. Comments	
			7. Employer's Name/Specific Field	8. Election Cycle Start to Date	
				\$	
9. Prior	10. Account Code	11. Form of Payment	12. In-Kind Description	13. Date (mm/dd/yyyy)	14. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
4. Full Name, Mailing Address & Phone (include city, state, & zip)			5. Job Title/Profession	6. Comments	
			7. Employer's Name/Specific Field	8. Election Cycle Start to Date	
				\$	
9. Prior	10. Account Code	11. Form of Payment	12. In-Kind Description	13. Date (mm/dd/yyyy)	14. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 4 of Double Summary Page CRO-1210)</i>					\$ 1,187.45

**Disbursements**

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Citizens for Wells				3EY9T7	
3. Type of Disbursement <i>(Please see 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		c. Comments
Aggregated Non-Media Expenditure					
			& Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 90.02
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Check Printing	8/12/05	\$ 27.00	
02	Check	Ink Pad & Stamp	7/14/05	\$ 17.01	
02	Check	Paper Prod (Kick Off)	8/5/05	\$ 46.01	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		c. Comments
Arrohead Graphics, Inc. 508 Houston St. Greensboro, N. C. 27401 Tel. (336) 274-2419					
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 2,482.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Invitations	7/21/05	\$ 107.00	
02	Check	Invitations	8/10/05	\$ 64.20	
02	Check	Yard Signs, etc.	8/18/05	\$ 2,311.20	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		c. Comments
Guilford Co. Bd. of Elections Greensboro, N. C.					
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 90.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Precinct Maps	7/21/05	\$ 10.00	
02	Check	Voter Reg. Labels	7/13/05	\$ 80.00	
5. Total only this Page				\$ 2,662.42	
6. Total of ALL CRO-1310 Pages				\$ 3,565.69	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1180 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1180 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1180 if Coordinated Party Expenditures)</i>					

**Disbursements**

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. CRF Number	
Citizens for Wells				3EY9T7	
3. Type of Disbursement (Name and amount CRO-1310 apply to each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
U. S. Postal Service Greensboro, N. C.					
			c. Level Registered (Specify)		d. Election Cycle Start to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 161.37
5. Account Code   g. Form of Payment   h. Purpose   i. Date (mm/dd/yyyy)   j. Amount					
02	Check	Postage	7/29/05	\$ 109.37	
02	Check	Postage	8/5/05	\$ 52.00	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
Latta Distributing Co. 7671 Caber Rd. Browns Summit, N. C. 27214					
			c. Level Registered (Specify)		d. Election Cycle Start to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		\$131.55
5. Account Code   g. Form of Payment   h. Purpose   i. Date (mm/dd/yyyy)   j. Amount					
02	Check	Pencils for Kick-Off	8/7/05	\$ 131.55	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
Chen's Garden 2101 N. Church St. Greensboro, N. C. 27405					
			c. Level Registered (Specify)		d. Election Cycle Start to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County		
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 159.70
5. Account Code   g. Form of Payment   h. Purpose   i. Date (mm/dd/yyyy)   j. Amount					
02	Check	Food for Kick-Off	8/8/05	\$ 159.70	
				\$	
5. Total only this Page					\$ 452.62
6. Total of ALL CRO-1310 Pages (This line goes in line 14e of Detailed Summary Page CRO-1188 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1188 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1188 if Coordinated Party Expenditures)					\$ 3,565.69

**Disbursements**

Approved  Yes  No

1. Committee Full Name (and Fund if applicable)				1. ID Number	
Citizens for Wells				3EY9T7	
2. Type of Disbursement <i>(Please use amount CRO-1318 forms for each type of disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Comms <input type="checkbox"/> Coordinated Party Expenditures					
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		c. Comments	
Harris Teeter, Inc. 3310 W. Friendly Avenue Greensboro, N. C.					
		d. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Budget Cycle Start to Date	
				\$ 72.03	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Food for Kick-Off	8/11/05	\$ 72.03	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		c. Comments	
Wal-Mart, Inc. 4424 W. Wendover Ave. Greensboro, N. C. 27409					
		d. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Budget Cycle Start to Date	
				\$ 27.72	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Refreshments for Kick-Off	8/9/05	\$ 27.72	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		c. Comments	
Bi-Lo 2639 Lawndale Dr. Greensboro, N. C. 27408					
		d. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Budget Cycle Start to Date	
				\$ 53.02	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Cake for Kick-Off	8/11/05	\$ 53.02	
				\$	
5. Total only this Page				\$ 152.77	
6. Total of ALL CRO-1318 Pages				\$ 3,565.69	
<i>(This line goes in line 14c 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-1300 if Coordinated Party Expenditures)</i>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. Number	
Citizens for Wells				3EY9T7	
3. Type of Disbursement (Please see summary CRO-1310 form for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committee		<input type="checkbox"/> Coordinated Party Expenses	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
A-1 Rentals 510 N. Elm St. Greensboro, N. C. 27401					
			d. Level Registered (Specify)		e. Election Cycle Start to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 37.45
f. Amount Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Rental of Podium for Kick-Off	8/11/05	\$ 37.45	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
Costco West Wendover Ave. Greensboro, N. C.					
			d. Level Registered (Specify)		e. Election Cycle Start to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 15.40
f. Amount Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Bottled Water for Kick-Off	8/12/05	\$ 15.40	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments
N. C. A&T State University 1601 E. Market Street Greensboro, N. C. 27411					
			d. Level Registered (Specify)		e. Election Cycle Start to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 150.00
f. Amount Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
02	Check	Application fee for Homecoming Parade	8/25/05	\$ 150.00	
				\$	
5. Total only this Page				\$ 202.85	
6. Total of ALL CRO-1310 Pages				\$ 3,565.69	
<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 Contributions to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

**Disbursements**

Yes  No

1. Committee Full Name (and Fund if applicable)					1. B Number	
Citizens for Wells					3BY9T7	
2. Type of Disbursement (Please see attached CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committee <input type="checkbox"/> Coordinated Party Expenditures						
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
Linda M. Waddell #1 Quad Oak Dr. Greensboro, N. C. 27405						
			c. Level Registered (Specify)		d. Election Cycle Term to Date	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality			
					\$ 95.03	
f. Amount Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
02		Check	Reimb. of Exp. for Supplies (Kick-Off)		8/5/05	\$ 95.03
						\$
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
			c. Level Registered (Specify)		d. Election Cycle Term to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality			
					\$	
f. Amount Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
						\$
						\$
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
			c. Level Registered (Specify)		d. Election Cycle Term to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality			
					\$	
f. Amount Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
						\$
						\$
5. Total only this Page					\$ 95.03	
6. Total of ALL CRO-1310 Pages					\$ 3,565.69	
(This line goes in line 14c of Detailed Summary Page CRO-1199 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1199 if Contributions to Candidates/Political Comm.) (This line goes in line 14c of Detailed Summary Page CRO-1199 if Coordinated Party Expenditures)						