

# Disclosure Report Cover

Amendment  
 Yes  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 <i>Edencombe/Wash Black Political Caucus</i>	c. ID Number <i>7948016</i>
b. Mailing Address (include City, State and Zip Code) <i>Drawer Q Pinefort, NC 27860</i>	d. Date Filed <i>1/10/05</i>
	e. Phone Number

2. Report Year <i>2004</i>	3. Period Start Date (mm/dd/yyyy) <i>10/17/04</i>	4. Period End Date (mm/dd/yyyy) <i>12/31/04</i>	5. Treasurer Full Name <i>Dennis Hussey</i>
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<b>6. Type of Committee (Check one)</b> <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		<b>8. Type of Report (check only) one type of report from one category</b>		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Soft Money Account <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 checked="" type="checkbox"/> Other:		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
		<b>9. Special Report Name</b>		

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name <i>RBC</i>	b. Purpose <i>(GOTV)</i>	a. Financial Institution Full Name	b. Purpose
c. Code <i>053110850</i>	d. Period Begin Balance <i>\$ 2,003.99</i>	c. Code	d. Period Begin Balance

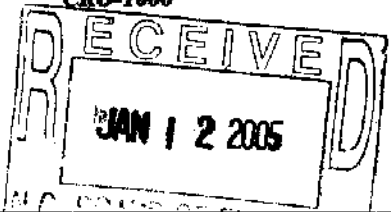
**CERTIFICATION**

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.

*Dennis Hussey* Printed Name of Signer      *[Signature]* Signature of Appointed Treasurer      *1/10/05* Date

**FOR OFFICE USE ONLY**

Date Received: <i>1/12/05</i>	Employee: <i>JWS</i>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: <i>1/11/05</i>	Employee: <i>JWS</i>	
Date Scanned: _____	Employee: _____	



# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Edgecombe Nash Black Political	Fourth Qtr.	7940016	
Start of Election Cycle: January 1, 2005	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 2,003.99	\$ 2,003.99	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ —	\$ —	
6) Contributions from Individuals (CRO-1210)	\$ —	\$ —	
7) Contributions from Political Party Committees (CRO-1220)	\$ —	\$ —	
8) Contributions from Other Political Committees (CRO-1230)	\$ 3,700	\$ 3,700	
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)	\$ 3,700.00	\$ 3,700.00	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 5,405.30	\$ 5,405.30	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ —	\$ —	
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)	\$ 5,405.30	\$ 5,405.30	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 298.69	\$ 298.69	
<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 Other Political Committees Pg 1 of 1

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Edgarbe Near Black Political Caucus				7940016	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
The National Leadership PAC P.O. Box 5577 North Avenue St. New York, N.Y. 11027		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
i. Account Code	g. Form of Payment	h. In-Kind Description	l. Date (mm/dd/yyyy)	j. Amount	
02100021	CK		10/29/04	\$ 3,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Butterfield For Congress P.O. Box 2571 Wilson, NC. 27894		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
i. Account Code	g. Form of Payment	h. In-Kind Description	l. Date (mm/dd/yyyy)	j. Amount	
0010961	CK		11/24/04	\$ 700.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
i. Account Code	g. Form of Payment	h. In-Kind Description	l. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 3,700.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 3,700.00	

**Disbursements**

1. Committee Full Name (and Fund if applicable) <u>Edgewood Nash Black Political Caucus</u>				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Fred's Club 1020 Bonvenue Rd. Rocky Mount, NC. 27854</u>			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ <u>64.93</u>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<u>053100850</u>	<u>ck</u>	<u>Refreshment</u>	<u>10/1/04</u>	\$ <u>64.93</u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Show University Alumni 605 Sunset Ave. Rocky Mount, NC.</u>			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ <u>100.<sup>00</sup></u>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<u>053100850</u>	<u>ck</u>	<u>Program Ad</u>	<u>10/4/04</u>	\$ <u>100.<sup>00</sup></u>	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>The Print Shoppe 140 Business Ct. Rocky Mount, NC. 27804</u>			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ <u>770.<sup>25</sup></u>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<u>053100850</u>	<u>ck</u>	<u>Banquet Program</u>	<u>10/5/04</u>	\$ <u>770.20</u>	
				\$	
5. Total only this Page				\$ <u>935.13</u>	
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>				\$	

**Disbursements**

1. Committee Full Name (and Fund if applicable)						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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Avise Bank 5 415 Dexter St. Rocky Mount, NC 27803				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
053100850		CK		Preparation of Food		10/19/04	\$ 100.00
053100850		CK		Preparation of Food		11/10/04	\$ 200.00
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Speights Trophy Shop 122 Main St. Rocky Mount, NC 27861				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
053100850		CK		Plaque		10/19/04	\$ 126.26
Unregistered Imgr							\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Deloise Cox 101 Conventry Ct. Rocky Mount, NC 27801				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
053100850		CK		Stamps		10/19/04	\$ 40.00
							\$
5. Total only this Page						\$ 466.26	
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>							

**Disbursements**

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input type="checkbox"/> Operating Expenses		<input checked="" 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	d. Comments
Mornings Star Church 225 Glendale Ave. Rocky Mount, NC 27801			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 139. <sup>10</sup>
7. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
05310080	ck	Linen	10/19/04
			\$ 139.10
			\$
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	d. Comments
Haldrick Bryant 506 Atlantic Ave Rocky Mount, NC 27881			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 250. <sup>00</sup>
7. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
053100850	ck	Sound System (Party)	10/26/04
			\$ 250. <sup>00</sup>
			\$
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	d. Comments
Eloise Chandler 106 Howson St Rocky Mount, NC 27803			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 150. <sup>00</sup>
7. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
053100850	ck	Phone Bank	10/26/04
			\$ 150. <sup>00</sup>
			\$
5. Total only this Page			\$ 539. <sup>10</sup>
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>			\$

**Disbursements**

Pg 4 of 10

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)				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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Dorcy Arent 2348 Dove Ct. Rocky Mount, NC. 27804					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 25. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053110880	CK	Carwassing	10/30/04	\$ 25. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WRSV Church St Rocky Mount, NC.					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 116. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	CK	Radio Spots	10/30/04	\$ 116. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WCPS P.O. Box 1202 Tarboro, NC. 27886					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 342. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	CK	Radio Spots	10/30/04	\$ 342. <sup>00</sup>	
				\$	
5. Total only this Page				\$ 483. <sup>00</sup>	
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>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Rogers Hiss P.O. Box 264 Tarboro, NC 27881			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 150. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Traveling/Conferences	10/31/04	\$ 150. <sup>00</sup>	
				\$	
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
Rent A Car Unregistered Imx!			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 99.74
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Car Rental	11/1/04	\$ 99.74	
				\$	
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
Deborah Ann 2716 Stewart Lane Rocky Mount, NC 27802			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 300. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Printing of Flyers	11/1/04	\$ 300. <sup>00</sup>	
				\$	
5. Total only this Page				\$ 549.74	
6. Total of ALL CRO-1310 Pages				\$ 549.74	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

# Disbursements

1. Committee Full Name (and Fund if applicable)				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 checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WYAI Radio Scotland Neck, NC.					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200. <sup>00</sup>
l. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310850	ck	Radio spots	10/31/04	\$ 200. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Evelyn Dicken 921 Tessa St. Rocky Mount, NC. 27801					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200. <sup>00</sup>
l. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310080	ck	Canvassing/Phone Bank Unregistered InqX!	11/1/04	\$ 200. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Office Depot 131 Wesleyan Blvd. Rocky Mount, NC. 27801					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 93.05
l. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310850	ck	Supplies	11/1/04	\$ 93.05	
				\$	
5. Total only this Page				\$ 493.05	
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>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				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)			b. Coordinated Committee Name		d. Comments
Evangeline Buffalo P.O. Box 222 Battleboro, NC 27809					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Transportation	11/1/04	\$ 200. <sup>00</sup>	
				\$	
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
Milton Pitt 211 Watts St. Whitaker, NC. 27891					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Poll Worker	11/3/04	\$ 100. <sup>00</sup>	
				\$	
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
Quill Corporation Kirklandshire, Ill. 60069					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 577.27
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	White Paper	11/2/04	\$ 577.27	
				\$	
5. Total only this Page				\$ 877.27	
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>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Angelo Chandler 725 Marlee Dr. Rocky Mount, NC. 27801			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	CK	Poll Worker	11/3/04	\$ 100.00	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Teresa Chandler 725 Marlee Dr. Rocky Mount, NC.			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Unregistered Imgr!		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	C/C	Poll Worker	11/3/04	\$ 100.00	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
S/S Auto Rental 213 E. Hope St. Tarboro, NC.			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 61.75
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	CK	Rental	11/3/04	\$ 61.75	
				\$	
5. Total only this Page				\$ 261.75	
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>					

**Disbursements**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
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		d. Comments
Deborah Cox 101 Conventry Ct. Rocky Mount, NC. 27801			c. Level Registered (Specify)		SAN 340.00
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Worker/Coordinator	11/4/04	\$ 150.00	
053100850	C/C	Phone/Outings	11/5/04	\$ 150.00	
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		d. Comments
Ernest Sajak 1914 Lynne Ave Rocky Mount, NC. Unregistered 8/29/01			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	C/C	Poll Worker	11/4/04	\$ 100.00	
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		d. Comments
Ewold Stubbs 712 Karen Place Rocky Mount, NC. 27801			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
053100850	ck	Poll Worker	11/4/04	\$ 100.00	
5. Total only this Page				\$ 500.00	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

**Disbursements**

1. Committee Full Name (and Fund if applicable) Unregistered ImgX!				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Milton Pitt 2741 Cokey Rd. Rocky Mount, NC 27801					
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 100. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310880	ck	Poll Worker	11/5/04	\$ 100. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Judy Suggs 108 Conventry Ct. Rocky Mount, NC 27802					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 100. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310880	ck	Poll Worker	11/5/04	\$ 100. <sup>00</sup>	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Banner Crk Lodge #625 Farmville, NC					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 100. <sup>00</sup>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
05310880	ck	Ad	11/21/04	\$ 100. <sup>00</sup>	
				\$	
5. Total only this Page				\$ 300. <sup>00</sup>	
6. Total of ALL CRO-1310 Pages				\$ 5,405. <sup>30</sup>	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					