

# Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date			
McGEE FOR NC HOUSE COMMITTEE				07/03/2002			
2. Address							
PO BOX 5							
3. City		4. State	5. Zip	8. Phone			
CLEMMONS		NC	27012	336 766-8115			
9. Type of Report				10. Period Covered		11. Amendment	
2002 SECOND QUARTER REPORT				Start	04/21/2002	<input type="checkbox"/> Yes	
				End	06/30/2002	<input checked="" type="checkbox"/> No	
12. Type of Committee or Fund (Check one)							
<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Building Fund	
<input type="checkbox"/> Other Fund:							
13. Treasurer Name							
GLENDA WEBER							
14. Assistant Treasurer Name(s)							
NONE							
15. Custodian of Books Name							
DIANE MCGEE							
16. Bank/Depository/Credit Account Information							
a. Name		b. Purpose		c. Code	d. Period Begin Balance		
BB&T		FOR CAMPAIGN CONTRIBUTIONS, EXPENSES, ETC.		A-NCH	\$	3,252.77	
					\$		
					\$		
					\$		
					\$		
					\$		

## 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.

Glenda Weber  
Signature of Appointed Treasurer or Candidate

07/03/2002  
Date

# COPY

## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
MCGEE FOR NC HOUSE COM	Quarterly		
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle			\$ 0
5) Cash on Hand at Start of Present Reporting Period		\$ 0	
<b>RECEIPTS</b>			
6) Contributions from Individuals (CRO-1210)	\$ 2,875.00	\$ 2,875.00	
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 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)	\$ 1,900.00	\$ 1,900.00	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 4,775.00	\$ 4,775.00	
<b>EXPENDITURES</b>			
13) Disbursements (CRO-1310)			
13a) Operating Expenditures (CRO-1310)	\$ 1,522.23	\$ 1,522.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Loan Repayments (CRO-1420)	\$	\$	
15) Refunds from Committee (CRO-1320)	\$	\$	
16) In-Kind Contributions (CRO-1510)	\$	\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 1,522.23	\$ 1,522.23	
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 3,252.77	\$ 3,252.77	
<b>Additional Information</b>			
19) Non-Monetary Gifts Given to Committees (CRO-1330)	\$		
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$		
21) Debts and Obligations owed BY the Committee (CRO-1610)	\$		
22) Debts and Obligations owed TO the Committee (CRO-1620)	\$		
23) Parent Entity's Administrative Support (CRO-1710)	\$		

# Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number										
1. Name of Committee or Fund NC BEE FOR NCHOUSE COMM																
								3. Contributor		a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
										aggregated Individual contribution	A-NCH	check	3-2-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25
														<input type="checkbox"/>	<input type="checkbox"/>	\$
		b. Job Title/Profession														
		c. Employer's Name/Specific Field														
		j. If Amendment, choose change type:						k. Election Cycle Sum to Date								
		<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$								
3. Contributor aggregated Individual contribution																
										a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
										aggregated Individual contribution	A-NCH	check	3-7-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
														<input type="checkbox"/>	<input type="checkbox"/>	\$
		b. Job Title/Profession														
		c. Employer's Name/Specific Field														
		j. If Amendment, choose change type:						k. Election Cycle Sum to Date								
		<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$								
3. Contributor aggregated Individual contribution																
										a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
										aggregated Individual contribution	A-NCH	check	3-2-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
														<input type="checkbox"/>	<input type="checkbox"/>	\$
		b. Job Title/Profession														
		c. Employer's Name/Specific Field														
		j. If Amendment, choose change type:						k. Election Cycle Sum to Date								
		<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$								
3. Contributor aggregated Individual contribution																
										a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
										aggregated Individual contribution	A-NCH	check	3-27-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
														<input type="checkbox"/>	<input type="checkbox"/>	\$
		b. Job Title/Profession														
		c. Employer's Name/Specific Field														
		j. If Amendment, choose change type:						k. Election Cycle Sum to Date								
		<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$								
3. Contributor aggregated Individual contribution																
										a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
										aggregated Individual contribution	A-NCH	check	3-30-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
														<input type="checkbox"/>	<input type="checkbox"/>	\$
		b. Job Title/Profession														
		c. Employer's Name/Specific Field														
		j. If Amendment, choose change type:						k. Election Cycle Sum to Date								
		<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$								

4. Total only this Page \$ 425

5. Total of ALL CRO-1210 Pages \$  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

(only show on last page)

# Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number					
1. Full Name, Mailing Address & Phone (include city, state, & zip) AGGREGATED INDIVIDUAL CONTRIBUTION						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						A-NCH	check	4-17-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor						k. Election Cycle Sum to Date					
b. Job Title/Profession c. Employer's Name/Specific Field						j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
2. Full Name, Mailing Address & Phone (include city, state, & zip) AGGREGATED INDIVIDUAL CONTRIBUTION						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						A-NCH	check	4-14-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor						k. Election Cycle Sum to Date					
b. Job Title/Profession c. Employer's Name/Specific Field						j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor						k. Election Cycle Sum to Date					
b. Job Title/Profession c. Employer's Name/Specific Field						j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor						k. Election Cycle Sum to Date					
b. Job Title/Profession c. Employer's Name/Specific Field						j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page						\$ 200					
5. Total of ALL CRO-1210 Pages						\$ 625					

# Contributions from INDIVIDUALS

1. Name of Committee or Fund		2. ID Number					
<b>McGee for NC House Fund</b>							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Gerald H. Long 7651 LASATER RD CLEMMONS NC 27012 336-945-5558	A-NCH	check	3/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	OWNER/MGR						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:					k. Election Cycle Sum to Date
	LAREYNOLDS Co 551	<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$ 250
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	DON G Angell PO Box 1670 CLEMMONS NC 27012 336-761-0302	A-NCH	check	3/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	OWNER/Developer						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:					k. Election Cycle Sum to Date
	ANGELL GROUP 721	<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$ 500
Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Robert G. Stebbins 106 HILARY COURT LEWISVILLE NC 27023 336-945-3409	A-NCH	check	3/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	Retired						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:					k. Election Cycle Sum to Date
		<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$ 150
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JAMES T. Broyhill 1930 VIRGINIA RD WINSTON-SALEM NC 27104 336-727-1396	A-NCH	check	4-7-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	Retired						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:					k. Election Cycle Sum to Date
		<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$ 250
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JAMES A. HAYES, JR 7712 LOW OAK RD CLEMMONS NC 27012 336-766-4096	A-NCH	check	4-8-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						
	OWNER/MGR						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:					k. Election Cycle Sum to Date
	Q-LUBE 551	<input type="checkbox"/> Add <input type="checkbox"/> Delete					\$ 200

4. Total only this Page \$ 1350

Total of ALL CRO-1210 Pages \$ *(only show on last page)*

*(This line must be on line 6 of Detailed Summary Page CRO-1100)*

# Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
<b>McGee for NC House Comm</b>							
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Dewey B. EDWARDS, JR PO Box 422 Clemmons NC 27012 336-766-4550	A-NCH	check	4-15-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						k. Election Cycle Sum to Date	
OWNER						\$ 200	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
Clemmons Airtel Skid 321						<input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Kathryn H. McGee 126 Forrest Hills Circle King NC 27021 336-983-5742	A-NCH	check	4-18-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500
		A-NCH	check	4-1-02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 62.50
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						k. Election Cycle Sum to Date	
Retired						\$ 562.50	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete	
Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Dorothy H. Browder 104 Forrest Glen Court King NC 27021	A-NCH	check	4-19-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200
		A-NCH	check	4-1-02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 62.50
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						k. Election Cycle Sum to Date	
Retired						\$ 262.50	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	aggregated individual contributions	A-NCH	checks		<input type="checkbox"/>	<input type="checkbox"/>	\$ 625
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						k. Election Cycle Sum to Date	
						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete	
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession						k. Election Cycle Sum to Date	
						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:	
						<input type="checkbox"/> Add <input type="checkbox"/> Delete	

4. Total only this Page

\$1525

Total of ALL CRO-1210 Pages

(only show on last page)

\$2875

This line must be on line 6 of Detailed Summary Page CRO-1100

**Disbursements**

1. Name of Committee or Fund <b>McGee for NCHouse Comm</b>						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input checked="" type="checkbox"/> Operating Expenses						<input type="checkbox"/> Contributions to Candidates/Political Committees		
<input type="checkbox"/> Coordinated Party Expenditures								
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bill Garrabrant 837 Lassiter Place Raleigh NC 27609 919-782-4474			McGee for House stickers	A-NCH	check	4-1-02	\$ 197.03
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 197.03	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	SUN PRINTING Co PO Box 10717 WINSTON-SALEM NC 27108 336-725-3593			INVITATIONS Powell/McGee	A-NCH	check	4-10-02	\$ 270.51
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 270.51	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	CREATIVE DESIGN Co. 6025 Holder Rd Clemmons NC 27012 336-712-0473			INVITATION LAYOUT	A-NCH	check	4-10-02	\$ 62.50
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 62.50	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Rebecca Nordlander 291 Brookdale Ln Winston-Salem NC 27107 336-769-0284			mail out calling (lists)	A-NCH	check	4-10-02	\$ 75.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 75.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Postmaster 303 Clemmons Rd Clemmons NC 27012 336-766-6671			Stamps	A-NCH	check	4-15-02	\$ 34.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 34.00	
5. Total only this Page								\$ 639.04
6. Total of ALL CRO-1310 Related Pages (only show on last page)								\$
<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>								

# Disbursements

1. Name of Committee or Fund <b>McGee for NC House Comm</b>						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures								
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	The Village Conf. Center PO Box 926 Clemmons NC 27012 336-766-9121			fund-raiser Powell/McGee	A-NCH	check	4-16-02	\$ 883.19
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date	
				i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 883.19	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date	
				i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date	
				i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date	
				i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date	
				i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$ 883.19	
6. Total of ALL CRO-1310 Related Pages (only show on last page)								
(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)								
							\$	



Other Receipt Sources

1. Name of Committee or Fund					2. ID Number														
McGee for NC House Comm																			
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)																			
<input type="checkbox"/> Interest					<input type="checkbox"/> Contributions from Not-for-Profit Organizations					<input checked="" type="checkbox"/> Outside Sources of Income									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
	Aggregated goods & services - Powell/McGee Event Clemmons NC 27012				A-NCH		checks		4-4-02		\$ 1900								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
Powell/McGee EVENT										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
											\$								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
											\$								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
											\$								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
											\$								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Account Number/Code		c. Form of Payment		d. Date (mm/dd/yyyy)		e. Amount								
											\$								
f. If Outside Source of Income, explain:										g. If Amendment, choose change type:					h. If Not-for-Profit, list Fed ID #:				
										<input type="checkbox"/> Add <input type="checkbox"/> Delete									
5. Total only this Page															\$ 1900				
6. Total of ALL CRO-1250 Related Pages (only show on last page)															\$ 1900				
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)																			
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)																			
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)																			