

COPY

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.

1. Committee Information

a. Full Name

Committee To Elect Dana Cand. II Jones

c. ID Number

2N4091

b. Mailing Address (include City, State and Zip Code)

206 Beaucrest Rd
Kernersville NC 27284

d. Date Filed

10/31/05

e. Phone Number

336-993-5070

2. Report Year

2005

3. Period Start Date (mm/dd/yyyy)

9/28/2005

4. Period End Date (mm/dd/yyyy)

10/24/2005

5. Treasurer Full Name

Charles L. Cand. II

6. Type of Committee (Check one)

- Candidate Campaign
 Joint Fundraiser
 Referendum

- Party
 PAC

3. Type of Report (check only one type of report from one category)

Municipal

- Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County

- Organizational
 Quarterly
 First Plus
 Second
 Third Plus
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum

- Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

7. Type of Fund (if applicable, check one)

- Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

9. Special Report Name

10. Account Information

a. Financial Institution Full Name

Southern Community Bank & Trust

10. Account Information

a. Financial Institution Full Name

b. Purpose

Checking
expense and
receipts

c. Code

1

b. Purpose

c. Code

d. Period Begin Balance

\$ 263.01

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.

Charles L. Cand. II
 Printed Name of Signer

Charles L. Cand. II
 Signature of Appointed Treasurer

10/31/05
 Date

FOR OFFICE USE ONLY

Date Received:

11-1-05

Employee:

Toby Spears

Delivery Method

- Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Re-marked:

Employee:

Date Scanned:

Employee:

CRO-1000

NC State Board of Elections

March 2003

FORSyth COUNTY BOARD OF ELECTIONS
 NOV 2005
 RECEIVED

Detailed Summary

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Committee To Elect Dana Paul Jones		Pre-Election	2N4091	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 263.01	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 250.00	\$ 900.00	
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 1,410.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources	(CRO-1250)			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0	
12) "Goods and Services" Contributions	(CRO-1260)	\$ 0	\$ 0	
13) TOTAL RECEIPTS	(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 450.00	\$ 2,310.00	
EXPENDITURES				
14) Disbursements	(CRO-1310)			
14a) Operating Expenditures	(CRO-1310)	\$ 60.00	\$ 1,656.99	
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0	
14c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0	
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES	(Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 60.00	\$ 1,656.99	
19) Cash on Hand at End	(Add lines 4 and 13 together, then subtract line 18)	\$ 653.01	\$ 653.01	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0		
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum		\$ 0	\$ 0	

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Dana Caudill Jones				2N4091	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/5/05	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/19/05	\$ 100.00
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/21/05	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 250.00
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$ 250.00

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To Elect Dave Cassill Jones						2NY091	
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	
Tammy LaRue 6235 Selwyck Lane Kennerly, NC 27214 336-996-5445				Mother			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				House Wife		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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 Cycle 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"/>					\$		
<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 Cycle 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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 200.00	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Dana Caudill Jones				2NY091	
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
The Sign Says PO Box 1351 Kernersville NC 27284 336-650-9350					
			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 \$ 742.60
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	car signs	10/5/05	\$ 15.00	
				\$	
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
Perry Political Software 1344 Mary Way Anahan, CA 2461-0940					
			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 \$ 45.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	mail software	10/10/05	\$ 45.00	
				\$	
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 Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 60.00	
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>				\$ 60.00	

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Charlene L. Caudill
 Committee Committee to Elect Dana C. Jones
 Address 5014 West Road
 Kernersville, NC 27284

FROM: Campaign Finance Office

REPORT IN QUESTION:
Pre-elections

DATE: 11/03/2005

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- The depository information was not listed on the Political Committee Disclosure Report.
- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

- Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____
 _____ on _____
 _____ on _____
 _____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- OTHER CRO-1210 - Complete information on LaRue contribution - acct. code, form of payment, date. Thank you.

Please send your reply to : Judy J. Speas, 201 N. Chestnut St., Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE: