

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 Wilson Campaign		c. ID Number
b. Mailing Address (include City, State and Zip Code) 2728 BriarCreek Place Fayetteville NC		d. Date Filed 9-6-05
		e. Phone Number 9108186663

2. Report Year 2005	3. Period Start Date (mm/dd/yyyy) 8-01-05	4. Period End Date (mm/dd/yyyy) 8-31-05	5. Treasurer Full Name David B Goodyear
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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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name Omni National Bank		a. Financial Institution Full Name	
b. Purpose Checking Account	c. Code 1	b. Purpose	c. Code
	d. Period Begin Balance \$ 650.00		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.

David B Goodyear David B Goodyear 8-31-2005
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9-2-05 Employee: AA Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ SEP 2 2005

Date Scanned: _____ Employee: _____

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number
Wilson Campaign		
Start of Election Cycle: January 1, <u>2005</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>650⁰⁰</u>	\$ <u>-0-</u>
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <u>2934⁰⁰</u>	\$ <u>2984⁰⁰</u>
6) Contributions from Individuals (CRO-1210)	\$ <u>5300⁰⁰</u>	\$ <u>5900⁰⁰</u>
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)	\$ <u>8234⁰⁰</u>	\$ <u>8884⁰⁰</u>
EXPENDITURES		
14) Disbursements (CRO-1310)		
14a) Operating Expenditures (CRO-1310)	\$ <u>137²¹</u>	\$ <u>137²¹</u>
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)	\$ <u>137²¹</u>	\$ <u>137²¹</u>
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ <u>8746⁷⁹</u>	\$ <u>8746⁷⁹</u>
ADDITIONAL INFORMATION		
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	\$	\$

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Nelson Campaign						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-1-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-3-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-3-05	\$ 10 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-8-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-8-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-8-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CASH		8-8-05	\$ 99 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-9-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-9-05	\$ 50 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CASH		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 50 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 50 ⁰⁰	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 50 ⁰⁰	
4. Total only this Page					\$ 2009 ⁰⁰	
5. Total of ALL CRO-1205 Pages					\$ 2934 ⁰⁰	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 50 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-15-05	\$ 25 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-19-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-19-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-25-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-25-05	\$ 50 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-29-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-29-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-29-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-30-05	\$ 100 ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		8-30-05	\$ 100 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					\$	
4. Total only this Page					\$ 925	
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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	
Murray Duggins 1107 OFFSHORE DRIVE FAYETTEVILLE NC 28305 910 867 9090				REAL ESTATE			
				c. Employer's Name/Specific Field			
				United Realty		e. Election Cycle Sum to Date	
						\$ 500 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-3-05	\$ 500 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William P Jackson 210 RUSH ROAD FAYETTEVILLE NC 28305 910 486 5605				Construction			
				c. Employer's Name/Specific Field			
				BFI Builders		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"/>	1	CHECK		8-3-05	\$ 250 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Neal Griffin 6400 YADKIN ROAD FAYETTEVILLE NC 28303 910 867 4000				Insurance Agent			
				c. Employer's Name/Specific Field			
				State Farm		e. Election Cycle Sum to Date	
				Insomma		\$ 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"/>	1	CHECK		8-3-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 950 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 5300 ⁰⁰	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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	
A Howard Bullard 4901 Morganton Road Fayetteville NC 28314 910 485 2998				Furniture Retail			
				c. Employer's Name/Specific Field			
				Bullard Furniture		e. Election Cycle Sum to Date	
						\$ 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"/>	1	CHECK		8-3-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Charles Speegle Jr 2504 S Edgewater Dr Fayetteville NC 28303 910 484 3032				Retired			
				c. Employer's Name/Specific Field			
				Real Estate Appraiser		e. Election Cycle Sum to Date	
						\$ 500 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-8-05	\$ 500 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carolyn Armstrong 1806 Winterlocken Road Fayetteville NC 28305 910 484 8705				Real Estate			
				c. Employer's Name/Specific Field			
				C&S Commercial Properties		e. Election Cycle Sum to Date	
						\$ 500 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-8-05	\$ 500 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1200 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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	
Beverly Lewis Hall 4500 Fox Court Fayetteville NC 28314 910 868 8326				Beverly Lewis			
				c. Employer's Name/Specific Field			
				Rae Ford Road Beauty Salon		e. Election Cycle Sum to Date	
						\$ 500 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-9-05	\$ 500 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William Vurnakes 2413 Torcross Drive Fayetteville NC 28304 910 484 9106				Retired			
				c. Employer's Name/Specific Field			
				M.I. Lang		e. Election Cycle Sum to Date	
						\$ 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"/>	1	CHECK		8-9-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
M. Keith Graham 406 Murray Hill Road Fayetteville NC 28303 910 864 6040				Real Estate Agent			
				c. Employer's Name/Specific Field			
				Townsend Real Estate		e. Election Cycle Sum to Date	
						\$ 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"/>	1	CHECK		8-9-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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	
Ralph Huff 1127 Offsidee Drive Fayetteville NC 28305 910 483 9591				Real Estate Developer			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				H&H Investors		\$ 350 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-15-05	\$ 350 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gary Wilson 1340 Longleaf Drive Fayetteville NC 28305 910 321 9994				Food Management			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Dogwood Deli		\$ 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"/>	1	CHECK		8-15-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Howard Satsky 6804 Woodhaven Court Raleigh NC 27615 919 872 9276				Attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Attorney		\$ 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"/>	1	CHECK		8-15-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 750 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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		
Marshall WareN 1703 RAEFORD ROAD FAYETTEVILLE NC 28305 910 485 6724			Printer				
			c. Employer's Name/Specific Field				
			William George Printing, LLC		e. Election Cycle Sum to Date		
					\$ 150 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-15-05	\$ 150 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Jimmie Hall 4500 Fox Ct FAYETTEVILLE NC 28314 910-868-8326			Retired				
			c. Employer's Name/Specific Field				
			Spirits		e. Election Cycle Sum to Date		
					\$ 1000 ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-15-05	\$ 1000 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Hillman Godwin JR 1316 Longleaf Drive FAYETTEVILLE NC 28305 910 223 2605			UrgentCare Owner				
			c. Employer's Name/Specific Field				
			Neb Ex Urgent Care		e. Election Cycle Sum to Date		
					\$ 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"/>	1	CHECK		8-19-05	\$ 200 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1350 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Wilson Campaign							
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	
Sarah Ohanlon 914 Brook Street Fayetteville NC 28305 9104852814				Retired			
				c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date		\$ 150 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-19-05	\$ 150 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election 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						\$ 150 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Wilson Campaign					
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	
U.S. Postal Service 301 Green St Fayetteville N.C.		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:			
				\$ 86 ⁰²	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	POSTAGE	8-17-05	\$ 86 ⁰²	
				\$	
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	
M. J. SOFFER US 301 Fayetteville N.C. 910 422 9002		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:			
				\$ 50 ³⁹	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	T. SHIRTS	8-24-05	\$ 50 ³⁹	
				\$	
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)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 137.21	
6. Total of ALL CRO-1310 Pages				\$ 137.21	
<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>					