Disclosure Report Cover



Am	e n dm	ent		•
	Yes	X	No	

	treasurer, assistant treasurer, custodian of books information, or account information.								
You mus	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		e the Addendum	iom (CRO-	IUIU) II m	ore entries a	re needed.			
a. Full Name	into matron	· ·					Tc 1	ID Number	
JOINES FOR	MAYOR							000-000000-0-000	
b. Mailing Addi	ress (include City	, State and Zip C	ode)	·			d. 1	Date Filed	
PO BOX 2039	97				***************************************		00/22/2005		
WINSTON-SA	ALEM, NC 271	20						08/22/2005 Phone Number	
							E. 1	(336) 732-5389	
							L	` '	
2. Report Year	3. Period Start D	ate (mm/dd/yyyy)	4. Period E	nd Date (1	mm/dd/yyyy)				
2005		/2005	_ (08/1 <mark>6/20</mark> 0	05	WILLIA	M C.	ROSE	
· -	nittee (Check one)		Type of Repo	rt (che			from	one category)	
Candidate Car Joint Fundrais	• • =		nicipal	-1	State/Coun	<u> </u>		ferendum	
Referendum	ser	1	Organization Thirty-five		Organiza Quarterly		_	Organizational Pre-referendum	
7. Type of Fund	(if applicab		Pre-primary	-		r t Plus	1	Final	
Soft Money A			Pre-election		Seco		_	Supplemental Final	
"Booster Fund			Pre-runoff		Thi	rd Plus	1	Annual	
Building Fund			Semi-annual		☐ Fou	rth		Special	
· 	Party Financing Fur		Mid Yea		Semi-ann				
	lection Year Candi		Year End Mid Year			9. S	pecial Report Name		
Other:	mpaign Financing F	1	Final		Year End				
_ other.			Special		Final Special				
10. Account Inf	ormation			10. Account Information					
a. Financial Inst	itution Full Nam	2			cial Institutio		1e		
LEXINGTON S	STATE BANK						/////////////////////////////////////		
b. Purpose		c. Code		b. Purpos	se		c. C	ode	
TO PAY COM	MITTEE	JFM	·						
EXPENSES								·	
		d. Period Begin I	Balance					eriod Begin Balance	
		\$	94,721.92				\$		
CERTIFICATIO)N								
I certify that the	e Committee is in	compliance with	all provision	ons of Ar	ticle 22A, inc	cluding tha	t no :	funds are e, true and correct.	
	^		ite IAC. II	urinci sa	y mai mis ie	port is con	pien	e, true and correct.	
Wil	lianck	15c	Wu	llian	-exc	3 —		08/23/2005	
Pri	inted Name of Sign	er	Signa	ture of Ap	pointed Treas	urer		Date	
OR OFFICE US	SEONLY	 -	***						
Date Receive	d: <u>G</u>	23-05-7	Employe	e: <u>Ju</u>	dy Spea	<i>"</i>		<u>Method</u> nal Mail	
Date Postmar		<u> </u>	Employe	e:	•		Regi	stered Mail d Delivered	
Date Scanned: Employee: Judy Speas Electronically Filed									

Detailed Summary

Amendment

Yes X No

Committee Full Name (and Fund if applicable) JOINES FOR MAYOR	2. Type of 1			2. ID Number		
2005 T		ty-five	day [000-000000-0-000		
Start of Election Cycle: January 1, 2002		R	Total this eporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	94,721.92	2 \$	9,169.57	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205	9 \$	150.00	\$	3,724.00	
6) Contributions from Individuals	(CRO-1210) \$	7,850.00) \$	91,210.00	
7) Contributions from Political Party Committees	(CRO-1220	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)) \$	0.00) \$	900.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources	(CRO-1250)			-1		
11a) Interest on Bank Accounts	(CRO-1250)	\$	9.90	\$	80.49	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00	
12) "Goods and Services" Contributions	(CRO-1260)	\$	0.00	\$	0.00	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$	8,009.90	\$	95,914.49	
EXPENDITURES	· · · · · · · · · · · · · · · · · · ·					
(4) Disbursements	(CRO-1310)					
14a) Operating Expenditures	(CRO-1310)	\$	0.00	\$	2,352.24	
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00	
14c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
5) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	0.00	\$	0.00	
7) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00	
8) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$	0.00	\$	2,352.24	
9) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$	102,731.82	\$	102,731.82	
DDITIONAL INFORMATION						
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		1949 12	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	0.00			
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$	0.00			
) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
i) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
) 48-Hour Notice Reports Sum		\$	0.00	\$	0.00	
RO-1100 NC State Board	of Elections				March 2002	

1. Commit	tee Full Name (an	d Fund if applicable)		2. ID Numb	er
JOINES F	OR MAYOR		· · · · · · · · · · · · · · · · · · ·	000-000	0000-0-000
3. Contrib	utor Information			<u> </u>	
a. Amend	b. Account Code	c. Form of Payment d. In-Kind Description	e. Date (mm/dd/y	vvv) f. Amo	unt
☐ Add ☐ Remove	JFM	Check	07/29/2005	\$	100.00
☐ Add ☐ Remove	JFM	Check	07/08/2005	\$	50.00
	only this Page		· · · · · · · · · · · · · · · · · · ·	\$	\$150.00
5. Total o	of ALL CRO-I	205 Pages Detailed Summary Page CRO-1100)		\$	\$150.00

Amendment **Contributions from Individuals** Pg 1 of 5 ☐ Yes X No 1. Committee Full Name (and Fund if applicable) 2. ID Number JOINES FOR MAYOR 000-000000-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BANK EXECUTIVE JOHN ALLISON 205 SHAMROCK TRAIL c. Employer's Name/Specific Field LEWISVILLE, NC 27023-8630 BB&T e. Election Cycle Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/29/2005 1,000.00 S \$ П \$ 3. Contributor Information ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SECURITY WORKER ALBERT E. DILLON JR 940 WALKERTOWN GUTHRIE RD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27101 Administrative and Support e. Election Cycle Sum to Date Services 200.00 f. Priorly. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/28/2005 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DIRECTOR EARL GUILL 2431 REYNOLDS DRIVE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 GLAXO SMITH KLINE (336) 409-0672 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 JFM Check

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

07/08/2005

\$

\$

\$

\$

\$

7,850.00 March 2003

1,700.00

500.00

Contributions from Individuals

Pg $\frac{2}{}$ of $\frac{5}{}$ Yes \square No

JONES FOR MAYOR	1. Co	mmittee Full Na	me (and Fund if appl	cable)				12.	ID Number	
B. Job Title/Profession C. Comments	JOI	NES FOR MAYO	OR							00-0-000
A. Full Name, Mailing Address & Phone (include dity, state, & zip) BUSINESS EXECUTIVE	3. Co	entributor Inform	nation		Add	ПБ	Remove		- 4.	
Claridude city, state, & zip) BUSINESS EXECUTIVE C. Employer's Name/Specific Field Specialty Trade Contractors E. Election Cycle Sum to Date Specialty Trade Contractors C. Employer's Name/Specific Field Specialty Trade Contractors								d.	Comments	
957 BRYANS PL Specialty Trade Contractors e. Election Cycle Sum to Date Specialty State, & zip) S Specialty Trade Specialty										
WINSTON-SALEM, NC 27104-5008 Specialty Trade Contractors e. Election Cycle Sum to Date 1,000.00 f. Priorig. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/6d/yyyy) k. Amount 1,000.00 c. Priorig. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/6d/yyyy) k. Amount c. Employer's Name/Specific Field j. Date (mm/6d/yyyy) k. Amount j. Date (mm/6d/yyyyy) k. Amount j. Date (mm/6d/yyyy) k. Amount			VERT		a Evente		NT	_		
Execution Cycle Sum to Date Image: Priorige Account Code I			NC 27104 5008					10		
S 1,000.00		or or the bridge	, 110 2/104-3008		Special	ty Tra	de Contractors	e. 1	Rection Cyc	e Sum to Dat
Priorig. Account Code N. Form of Payment I. In-Kind Description J. Date (mm/ddyyyy) N. Amount	l				1				dection Cyc	
JFM	f Prio	ng Account Cod	le h Form of Bourse	d: 7- 70- 10-	<u> </u>					1,000.00
Contributor Information		JFM		iti. in-Kina Des	scription J. Date (mm/dd/y			/уууу)	k. Amount	
3. Contributor Information Add Remove Republic Remove Add Add Remove Add Add Remove Add Ad		77.11	Check				07/29/200	5	\$	1,000.00
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) BANK EXECUTIVE KELLY KING 2530 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104 BB&T e. Election Cycle Sum to Date \$ 250.00 Friorig. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount IFM Check O7/29/2005 \$ 250.00 Ontributor Information Add Remove Full Name, Mailing Address & Phone (include city, state, & zip) SERALD H. LONG EXECUTIVE SEXECUTIVE EXECUTIVE SEXECUTIVE EXECUTIVE SALE COUNTRY CLUB ROAD C. Employer's Name/Specific Field L.A. REYNOLDS NURSERY EXECUTIVE EXECUTIVE SALE COUNTRY Check D. Job Hitle/Profession D. Date (mm/dd/yyyy) k. Amount IFM Check C. Employer's Name/Specific Field L.A. REYNOLDS NURSERY E. Bection Cycle Sum to Date SALE COUNTRY Check D. Job Hitle/Profession D. Date (mm/dd/yyyy) k. Amount IFM Check O7/08/2005 S. 1,000.00 IFM Check Sale Check Sa									\$	
a. Full Name, Mailing Address & Phone (Include city, state, & zip) E. Job Title/Profession d. Comments BANK EXECUTIVE BANK EXECUTIVE BB&T e. Bection Cycle Sum to Date \$ 250.00 E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount E. Contributor Information Add Remove Full Name, Mailing Address & Phone (Include city, state, & zip) EERALD H. LONG 631 LASATER ROAD C. Employer's Name/Specific Field C. Employer's Name/Specific Field EXECUTIVE EXECU									\$	
(include city, state, & zip) KELLY KING 2530 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104 B&T C. Employer's Name/Specific Field					Add	☐ Re	emove			
SAUNTRY CLUB ROAD C. Employer's Name/Specific Field BB&T C. Employer's Name/Specific Field BB&T C. Employer's Name/Specific Field S 250.00 C. Frior g. Account Code h. Form of Payment i. In-Kind Description J. Date (mm/dd/yyyy) k. Amount C. Employer's Name/Specific Field S S S S S S S S S					b. Job Tit	le/Pro	fession	d. C	omments	
2530 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104 BB&T c. Employer's Name/Specific Field BB&T c. Election Cycle Sum to Date \$ 250.00 C. Prior g. Account Code h. Form of Payment i. In-Kind Description JFM Check Contributor Information Add Remove S. Countributor Information Add Remove B. Job Title/Profession EXECUTIVE Contributor Information EXECUTIVE Contributor Information Contrib			k zip)		BANK I	EXEC	UTIVE			
WINSTON-SALEM, NC 27104 BB&T e. Election Cycle Sum to Date \$ 250.00 C. Prior g. Account Code h. Form of Payment i. In-Kind Description JFM Check O7/29/2005 \$ 250.00 Add Remove Sull Name, Mailing Address & Phone (include city, state, & zip) BERALD H. LONG 631 LASATER ROAD LEMMONS, NC 27012 336) 945-5735 Prior g. Account Code h. Form of Payment i. In-Kind Description JFM Check O7/08/2005 \$ 1,000.00 Tior of Check O7/08/2005 \$ 1,000.00 S Total only this Page \$ 2,250.00			TI DO LD					_		
e. Election Cycle Sum to Date \$ 250.00 C. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/29/2005 \$ 250.00 S S S										
S 250.00 C. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM	********	TOTA OF ILLEW,	NC 2/104		BB&T			e M	lection Cycle	Sum to Date
E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount									rection Cycli	Sum to Date
□	e note.	1	I							250.00
Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) EXECUTIVE CERALD H. LONG 631 LASATER ROAD CLEMMONS, NC 27012 336) 945-5735 EXECUTIVE C. Employer's Name/Specific Held L.A. REYNOLDS NURSERY E. Bection Cycle Sum to Date \$ 1,000.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/08/2005 \$ 1,000.00 S Comments C				i. In-Kind Desc	ription		j. Date (mm/dd/	уууу)	k. Amount	
S. Contributor Information Add Remove		31 171	Check				07/29/2005	5	\$	250.00
S. Contributor Information									\$	
Full Name, Mailing Address & Phone (include city, state, & zip) EXECUTIVE									\$	
(include city, state, & zip) GERALD H. LONG 7631 LASATER ROAD CLEMMONS, NC 27012 336) 945-5735 Check					Add [Re	move			
GERALD H. LONG 1631 LASATER ROAD CLEMMONS, NC 27012 336) 945-5735 C. Employer's Name/Specific Field L.A. REYNOLDS NURSERY e. Election Cycle Sum to Date \$ 1,000.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/08/2005 \$ 1,000.00 S S Check Check					b. Job Titl	e/Prof	ession	d. C	omments	
C. Employer's Name/Specific Field L.A. REYNOLDS NURSERY			zip)		EXECU1	IVE				
L.A. REYNOLDS NURSERY			D	<u> </u>	c Fmnlove	r'e Ne	ma/Cnacifia Eald			
Same				F	***************************************			1		
S 1,000.00					L.A. KE I	NOL	DS NURSERY	e. El	ection Cycle	Sum to Date
☐ JFM Check 07/08/2005 \$ 1,000.00 ☐ \$ \$ ☐ Total only this Page \$ 2,250.00 ☐ Total of ALL CRO-1210 Pages	•									
☐	Prior		h. Form of Payment	i. In-Kind Descr	iption		j. Date (mm/dd/y	i yyy) [i	k. Amount	
Total only this Page \$ 2,250.00 Total of ALL CRO-1210 Pages		JFM	Check			······				1,000.00
Total only this Page \$ 2,250.00 Total of ALL CRO-1210 Pages					<u> </u>				\$	
Total of ALL CRO-1210 Pages									\$	
			-		<u> </u>			\$		2,250.00
				Page CRO-1100)				\$		7,850.00

Amendment Contributions from Individuals 3 of _5 ☐ Yes X No 1. Committee Full Name (and Fund if applicable) 2. ID Number JOINES FOR MAYOR 000-000000-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) EXECUTIVE MICHAEL W. LONG 396 HOLLINSWOOD AVENUE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 L.A. REYNOLDS NURSERY (336) 945-3776 e. Election Cycle Sum to Date 500.00 f. Priorg. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check 07/08/2005 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WILLIAM SPENCER 367 PINEVALLEY ROAD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 RETIRED e. Hection Cycle Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount **JFM** Check 07/29/2005 \$ 1,000.00 \$ \$ 3. Contributor Information ■ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) EXECUTIVE PAUL M. STEPHENS 3520 TRIAD COURT c. Employer's Name/Specific Field WINSTON-SALEM, NC 27107 LANDMARK BUILDERS (336) 784-2000 e. Election Cycle Sum to Date 300.00 f. Priorg. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM Check X 05/13/2005 \$ 100.00 **JFM** Check \Box 07/08/2005 \$ 200.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

1,700.00

\$

\$

Contributions from Individuals

		me (and Fund if appl	icable)				2.]	D Number		
JOI	NES FOR MAY	OR						000-0000	00-0-000	
3. C	ontributor Inform	nation		Add	□ R	emove		 -		
a. Fu	ll Name, Mailing	Address & Phone		b. Job Title/Profession				Comments		
(in	clude city, state,	& zip)		RETIR	ED					
	BERT STRICKL									
) WEST FIRST S			c. Empl	oyer's N	lame/Specific Fiel	d			
	ISTON-SALEM	, NC 27104		RETIR	ED		7			
(336) 723-1026						e. I	Tection Cycl	e Sum to Dat	
							\$		200.00	
f. Pri		le h. Form of Payme	nt i. In-Kind De	scription		j. Date (mm/dd/	уууу)	k. Amount		
	JFM	Check				07/08/200	5	\$	200.00	
								\$		
				 -				s		
3. Co	ntributor Inform	ation		Add	☐ Re			<u> </u>		
		Address & Phone		b. Job Ti			la c	omments		
	lude city, state, &					16221011	u. C	omments		
	SWANN			RETIRI	SD CL					
2984	ORMOND DRI	VE		c. Emplo	yer's Na	ame/Specific Field	i			
	STON-SALEM,		÷	RETIRI			1			
				T. C. T.			e. E	ection Cycle	Sum to Date	
							\$		500.00	
f. Prio	rg. Account Code	h. Form of Paymen	t i. In-Kind Des	cription		j. Date (mm/dd/y	ууу)	k. Amount		
	JFM	Check				07/29/2005		\$	500.00	
								\$		
								\$		
. Con	tributor Informa	tion		Add	Ren	nove	!			
. Full	Name, Mailing A	ddress & Phone		b. Job Tit	==		d. Co	omments		
(incl	ude city, state, &	zip)				ECUTIVE				
	SON D. WILSO	N JR			DO DIE	LOCITYL				
	E. KENT RD			c. Employ	er's Na	me/Specific Field				
WINS.	TON-SALEM, N	NC 27104		EXCALIBUR ENTERPRISES						
							e. De	ction Cycle	Sum to Date	
				_			\$		1,000.00	
Prior		h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yy	yyy) l	k. Amount		
	JFM	Check				07/29/2005		\$	1,000.00	
			-					\$		
						- <u> </u>	1	\$		
	al only this Pa						\$		1,700.00	
		O-1210 Pages	. N				\$		7,850.00	
ı nıs ll	ne musi ve on iine	6 of Detailed Summary	rage CRO-1100	י			-		.,050.00	

Contributions	from	Individuals
	ичи	munitudats

CRO-1210

5 of 5 ☐ Yes X No 1. Committee Full Name (and Fund if applicable) 2. ID Number JOINES FOR MAYOR 000-000000-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REAL ESTATE DEVELOPER **HUGH WRIGHT** 1717 SANDERSTED ROAD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 Real Estate e. Dection 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 JFM Check 07/29/2005 \$ 500.00 \$ \$ 4. Total only this Page 500.00 \$ 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100) 7,850.00

NC State Board of Elections

Amendment

March 2003

Other Re	ceipt Sources		P	g <u>1</u>	of _	1	Amendm Wes	ent No
1. Committee	Full Name (and Fund it	applicable)		·		2.	ID Number	
JOINES FOR	MAYOR						000-000	000-0-000
3. Type of Rec	eipt Source (Please us	e separate CRO-1250 fe	orms for each typ	e of Re	ceipt Sour	:e.)		
X Interest	☐ Contr	ibutions from Not-for-F	rofit Organizati	ons	Outside	Source	es of Incom	е
4. Contributor			Add □ Re	move				
	lailing Address & Pho	n e	b. Not-for-Pro		ral ID#	d. 0	Comments	
(include city,	state, & zip)		· · · · · · · · · · · · · · · · · · ·			1		
LEXINGTON	STATE BANK					}		
161 S STRAT	FORD ROAD		c. Outside Sor	rce Ex	planation	1		
WINSTON-SA	ALEM, NC 27104			******	- 1800	7		
						e. I	lection Cy	cle Sum to Date
						\$		17.11
f. Account Code	g. Form of Payment	h. In-Kind Descript	ion	i. Dat	e (mm/dd/	уууу)	j. Amount	
JFM	Check			0	7/29/200:	5	\$	9.90
							\$	
5. Total only	this Page					\$	<u> </u>	9.90
6. Total of A	LL CRO-1250 Pa	ges				1		
	n line 11a of Detailed Sui		if Interest					
	n line 11b of Detailed Sui			t Cantri	hutian)	\$		9.90
(This line goes i	n line 11c of Detailed Sur	nmary Page CRO-1100	if Outside Sour	es of In	come)			
CRO-1250			d of Elections			<u>. i </u>		March 2003