

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Contributor Full Name (and Fund if applicable)						2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001	
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DONNA HARRELL 10113 Lobley Hill Ln RALEIGH, NC 27613				Homemaker			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 452.69	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Credit Card		10/04/2011	\$	15.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$	11.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LINDA HEINEMAN 8412 Yucca Trail RALEIGH, NC 27615				Nurse			
				c. Employer's Name/Specific Field			
				Holly Hill Hospital			
						e. Election Sum to Date	
						\$ 58.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	2	Cash		09/08/2011	\$	11.00	
<input type="checkbox"/>	2	Check		10/06/2011	\$	47.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAT HILLIARD 6440 GREYSTONE DR RALEIGH, NC 27615				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 784.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Cash		10/06/2011	\$	5.00	
<input type="checkbox"/>	2	Check		10/06/2011	\$	15.00	
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 93.00	
5. Total of ALL CRO-110 Pages						\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LAWRENCE JAMES 8425 Two Courts Dr. RALEIGH, NC 27613			Physicist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Instro Tek, Inc.		\$ 91.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		09/28/2011	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIN KARL 7615 Vista del Rey Ln. RALEIGH, NC 27613			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			ANALYTICAL GRAMMAR		\$ 275.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROGER KOSAK 2004 PETWORTH CT RALEIGH, NC 27615			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NONE		\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 70.00	
					\$ 1,742.00	

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Contributor Full Name (and Fund if applicable)						2. ID Number
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001
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	
RUSSELL LEACH 1501 LINDENBERG SQUARE WAKE FOREST, NC 27587			Senior Manager			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			IBM (Retired)		\$ 191.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/02/2011	\$ 30.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 5.00	
<input type="checkbox"/>					\$	
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	
SUSAN LEWIS 6412 Gainsborough Dr. RALEIGH, NC 27612			Legislative Assistant			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			State of North Carolina		\$ 202.52	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/04/2011	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
CRAIG LOSURDO 2208 Spruce Shadows Ln RALEIGH, NC 27614			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Custom Installations		\$ 265.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Total only this Page					\$ 75.00	
4. Total for ALL CRO 1205 Page					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001	
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	
ANGELA LYONS 707 McClure Drive Raleigh, NC 27613				Sales			
				c. Employer's Name/Specific Field			
				Surgical Alternative			
						e. Election Sum to Date	
						\$ 62.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Credit Card		09/29/2011	\$	32.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$	30.00	
<input type="checkbox"/>					\$		
4. 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	
TOMMY MASSEY 9224 Dukes Lake Road ZEBULON, NC 27597				Landscaping			
				c. Employer's Name/Specific Field			
				SELF-EMPLOYED			
						e. Election Sum to Date	
						\$ 506.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Cash		10/06/2011	\$	6.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. 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	
TERRY MAUPIN 8820 MARINER DR RALEIGH, NC 27615				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 752.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Cash		10/06/2011	\$	11.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						Subtotal for this Page	
						\$ 79.00	
						Subtotal for ALL CRO 1210 Pages	
						\$ 1,742.00	

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Contributor Name (and Fund if applicable)						2. ID Number
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001
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
RENEE MCELROY 1333 Four Winds Dr. RALEIGH, NC 27615				Accountant		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Plaza Associates		
						\$ 51.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Credit Card		12/04/2010	\$ 25.00	
<input checked="" type="checkbox"/>	2	Cash		01/13/2011	\$ 4.00	
<input checked="" type="checkbox"/>	2	Cash		04/14/2011	\$ 4.00	
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
RENEE MCELROY 1333 Four Winds Dr. RALEIGH, NC 27615				Accountant		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Plaza Associates		
						\$ 51.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	2	Cash		09/08/2011	\$ 6.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 12.00	
<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
ED MORRIS 1400 Bridle Glen Ct. Wake Forest, NC 27587				Investor		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Self-Employed		
						\$ 103.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/04/2011	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 27.00
5. Total for ALL CRO 1210 Pages						\$ 1,742.00

Contributions from Individuals

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 Yes No

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1. Contributor Full Name (and fund if applicable)						2. ID Number
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001
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	
EVELYN MURRAY 4008 Yadkin Dr. RALEIGH, NC 27609			Manager			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Briggs Hardware		\$ 132.30	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 26.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
VALERIE NAGLE 6304 Blairmore Court RALEIGH, NC 27612			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NONE		\$ 187.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 12.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
GERALD O PATTERSON 2016 Langham Ln. RALEIGH, NC 27615			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NONE		\$ 134.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 11.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total from this Page					\$ 49.00	
Total from ALL CRO 1210 Pages					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
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	
FELICE PETE 1627 Saint Mary St. RALEIGH, NC 27608			Nurse Anesthetist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			American Anesthesiology NC Inc		\$ 58.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	2	Check		02/10/2011	\$ 25.00	
<input checked="" type="checkbox"/>	2	Check		04/14/2011	\$ 13.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 20.00	
4. 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	
VICKY PIROZZI 7509 WINGFOOT DRIVE RALEIGH, NC 27615			ACCOUNTANT/CPA			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Lutheran Family Services in the Carolinas		\$ 218.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/05/2011	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. 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	
BILL RANDALL 242 Sugar Maple Ave. WAKE FOREST, NC 27587			CONSULTANT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF-EMPLOYED		\$ 197.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		10/06/2011	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total Only this Page					\$ 56.00	
Total of All CRO 1210 Pages					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name and Fund (if applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
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	
CHARLOTTE SANDRI 4322 LAMBETH DR. RALEIGH, NC 27609			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Sandri Enterprises		\$ 895.56	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/04/2011	\$ 15.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 10.00	
<input type="checkbox"/>					\$	
4. 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 SKORDAS 8601 Bobbfield Way ZEBULON, NC 27597			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NONE		\$ 127.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. 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	
MICHAEL TAYLOR 9275 Fawn Lake Dr. RALEIGH, NC 27617			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			N/A		\$ 84.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Credit Card		11/08/2010	\$ 44.50	
<input type="checkbox"/>	2	Credit Card		10/05/2011	\$ 30.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 10.00	
					\$ 71.00	
					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Contributor Full Name (and Fund if applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
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	
CATHEY TERRY 8605 Swarthmore Dr. Raleigh, NC 27615			Office Manager			
			c. Employer's Name/Specific Field			
			JC Terry & Assoc			
					e. Election Sum to Date	
					\$ 52.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	2	Cash		08/25/2011	\$ 20.00	
<input type="checkbox"/>	2	Check		10/06/2011	\$ 32.00	
<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	
JACK TERRY 8605 Swathmore Dr RALEIGH, NC 27615			RETIRED			
			c. Employer's Name/Specific Field			
			NONE			
					e. Election Sum to Date	
					\$ 86.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		10/06/2011	\$ 12.00	
<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	
CARLOS E VIDALES 7905 SUTCLIFFE DRIVE RALEIGH, NC 27613-8822			ENGINEER			
			c. Employer's Name/Specific Field			
			TEKELEC			
					e. Election Sum to Date	
					\$ 1,093.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		09/28/2011	\$ 25.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 5.00	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 74.00	
5. Total on ALL CRO 1210 Pages					\$ 1,742.00	

Contributions from Individuals

Pg 16 of 18

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
NORTHERN WAKE REPUBLICAN CLUB						STA-ODJP15-C-001
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	
GALE WILKINS 206 Royal Kings Lane RALEIGH, NC 27615			STUDENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NONE		\$ 210.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/05/2011	\$ 15.00	
<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	
DONNA WILLIAMS 1100 WATERMARK CT. RALEIGH, NC 27609			Direct Sales			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self Employed		\$ 570.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		09/28/2011	\$ 30.00	
<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	
THOMAS E WILLIAMS JR 1100 WATERMARK CT. RALEIGH, NC 27609			Chief Operating Officer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Acadia Northstar, LLC		\$ 3,045.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total from this Page					\$ 65.00	
5. Total from ALL CRO-1210 Pages					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if Applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
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	
ANDY WITHERS 1228 Coldstream Ct. RALEIGH, NC 27615			Engineer			
			c. Employer's Name/Specific Field			
			Allied Telesis Labs, Inc.			
					e. Election Sum to Date	
					\$ 333.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		10/05/2011	\$ 15.00	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 5.00	
<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	
ARNOLD WRIGHT 3124 Suncrest Village Ln RALEIGH, NC 27616			RETIRED			
			c. Employer's Name/Specific Field			
			NONE			
					e. Election Sum to Date	
					\$ 724.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 15.00	
<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	
JULIAN WYATT 2204 Landings Way RALEIGH, NC 27615			Bookkeeper			
			c. Employer's Name/Specific Field			
			National Food Equipment Svc			
					e. Election Sum to Date	
					\$ 108.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total by this Page					\$ 41.00	
5. Total by CRO (Original Page)					\$ 1,742.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee/Political Organization (Candidate Not Applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
3. Contribution Information <input type="checkbox"/> Cash <input type="checkbox"/> Other						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PEGGY WYATT 2204 LANDINGS WAY RALEIGH, NC 27615			Bookkeeper			
			c. Employer's Name/Specific Field			
			National Food Equipment Service, LLC			
					e. Election Sum to Date	
					\$ 317.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Cash		10/06/2011	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total Cash on this Page					\$ 6.00	
5. Total Cash on this CRO 1210 Page (Add the amount on other CRO 1210 pages to this amount.)					\$ 1,742.00	

Disbursements

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if Applicable)					2. ID Number	
NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
3. Type of Disbursement (Please Use separate CRO-1100 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 type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Friends of Heather Losurdo 4460 New Falls of Neuse Rd. Suite 149-244 RALEIGH, NC 27614						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
			WAKE COUNTY		\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2	Check	D	10/16/2011	\$ 1,600.00		
2	Check	D	10/17/2011	\$ 400.00		
5. Total Available Bal.						
					\$ 2,500.00	
6. Total Available CRO-1100 Bal.						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 2,500.00	
(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)						
7. Purpose Codes (Use detailed explanation in required remarks field (k))						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if Applicable) NORTHERN WAKE REPUBLICAN CLUB						2. ID Number STA-ODJP15-C-001	
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							
3.1. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CARTRIDGE WORLD 4112-140 Pleasant Valley Rd. RALEIGH, NC 27612 (919) 787-2969				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 Sum to Date \$ 50.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
2	Debit Card	K	10/03/2011	\$ 50.44	Laser printer cartridge		
				\$			
3.2. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SUZERQ, LLC 230 Newton Rd. RALEIGH, NC 27615				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 Sum to Date \$ 4,100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
2	Check	O	10/06/2011	\$ 500.00	RENT FOR MEETING ROOM, OCTOBER		
				\$			
3.3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VINCENT'S PIZZA 6300 Creedmoor Rd. Suite 108 RALEIGH, NC 27612 (919) 876-6700				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 Sum to Date \$ 8,886.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
2	Check	O	10/06/2011	\$ 793.56	MEALS FOR OCTOBER MEETING		
				\$			
5. Total Available Page						\$ 1,344.00	
6. Total Available CRO-1310 Page						\$ 1,344.00	
(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)							
7. Budget Codes (Use detailed description and fund if applicable)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

NORTHERN WAKE REPUBLICAN CLUB					STA-ODJP15-C-001	
3. Payment Information						
4. Amount	5. Campaign Code	6. Expense Reason	7. Reporting Code	8. Date (MM/DD/YYYY)	9. Amount	10. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Electric Funds Tran	O	10/04/2011	\$ 16.56	CREDIT CARD SERVICE FEES.
					\$	16.56
					\$	16.56
11. Codes for Non-Media Expenditures						
B* - Printing		G - Political Party		D - To Another Candidate		
E - Salaries		J - Penalties		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						