



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook Strach
Deputy Director Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign

FILED BY:

Committee Name: Nick Wants To Know

Treasurer Name: Latoya L Benton

Treasurer Address: 302 Tucker St

(include city, state, & zip) Monroe, NC 28110

Treasurer Phone: (704) 572 0879

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

July 24, 2008
Date Signed

Latoya L Benton
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
 Do not use this form to update information

1. Committee Information	
a. Full Name <u>Nick Wants To Know</u>	c. ID Number <u>590-68-2622</u>
b. Mailing Address (include City, State and Zip Code) <u>PO Box 1452 Monroe, NC 28111</u>	d. Date Filed <u>7-24-08</u>
	e. Phone Number <u>704-572-0879</u>

2. Report Year <u>2008</u>	3. Period Start Date (mm/dd/yy) <u>01/01/2008</u>	4. Period End Date (mm/dd/yy) <u>06/30/2008</u>	5. Treasurer Full Name <u>Latoya L. Benton</u>
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6. Type of Committee (Check One)		9. 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
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year
<input type="checkbox"/> Other		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
			10. Special Report Name

11. Account Information	
a. Financial Institution Full Name <u>Bank of America</u>	
b. Purpose	c. Account Code <u>1</u>
	d. Period Begin Balance <u>\$13900</u>

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections

Latoya L. Benton Latoya L. Benton July 24, 08
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>8-1-08</u>	Employee: <u>Vicki Owe</u>	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>7-31-08</u>	Employee: <u>Vicki Owe</u>	
Date Scanned: <u>8-1-08</u>	Employee: <u>Vicki Owe</u>	
Date Data Entered: _____	Employee: _____	

Please Note: This form 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-B) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Nick Wants To Know	Mid Year	590-68-2622
Start of Election Cycle: January 1, 2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 13900	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
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		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 13900	\$
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 (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
 Do not use this form to update information

Committee Information	
a. Full Name <u>Nick Wants To Know</u>	c. ID Number <u>590-68-2622</u>
b. Mailing Address (include City, State and Zip Code) <u>PO Box 1452 Monroe, NC 28111</u>	d. Date Filed <u>01-24-08</u>
	e. Phone Number <u>704-572-0879</u>

2. Report Year <u>2008</u>	3. Period Start Date (mm/dd/yy) <u>07-01-2007</u>	4. Period End Date (mm/dd/yy) <u>12-31-2007</u>	5. Treasurer Full Name <u>Latoya L. Benton</u>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
8. Number of Fundraisers this Report _____		10. Special Report Name _____	

11. Account Information	
a. Financial Institution Full Name <u>Bank of America</u>	c. Account Code <u>1</u>
b. Purpose _____	d. Period Begin Balance <u>\$139</u>

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections

Latoya L. Benton Latoya L. Benton 1-24-08
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1-25-08 Employee: Vicki Deen Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 Signer has not received mandatory training

Please Note: This form 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 committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
NICK Wants To Know		Year End			
Start of Election Cycle: January 1, <u>2008</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 139		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 139 00		\$	
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 (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	c. ID Number
Nick Wants To Know	590 68 2622
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. Box 1452	2/3/06
Monroe, NC 28111	e. Phone Number
	704-236-6869

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006			Latoya L. Bention

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 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 checked="" 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	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input checked="" 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		a. Financial Institution Full Name	
Bank of America			
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ 139.00		\$

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.

07-31-06A11:22 RC V D

_____ Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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		\$	\$
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>			
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$	\$
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		\$	\$
<i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>			
19) Cash on Hand at End		\$ 139.00	\$ 139.00
<i>(Add lines 4 and 13 together, then subtract line 18)</i>			
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		\$	\$

Disclosure Report Cover

2006-0004-100 (REV)

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	c. ID Number
Nick Wants To Know	590 68 2622
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. BOX 1452 monroe, NC 28111	2/03/06
	e. Phone Number
	(704) 236-6869

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006			Latoya Bention

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 type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	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 checked="" 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	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<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		a. Financial Institution Full Name	
Bank of America			
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begn Balance		d. Period Begn Balance
	\$ 0		\$

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.

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received: 2-3-06 Employee: Linda Pusea Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Hand Delivered

Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Nick Wants To Know	Year End	590 08 2622	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
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)	\$	\$	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$	\$	
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)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 139	\$ 139	
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	

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.

I. Committee Information

a. Full Name <i>Duck Wants To Know</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>PO Box 1452 Monroe NC 28111</i>	d. Date Filed <i>10/3/2005</i>
	e. Phone Number <i>704-236-6869</i>

2. Report Year <i>05</i>	3. Period Start Date (mm/dd/yyyy) <i>9/6/2005</i>	4. Period End Date (mm/dd/yyyy) <i>10/3/2005</i>	5. Treasurer Full Name <i>Latoya Benton</i>
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input 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 checked="" 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	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<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 <i>Bank of America</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	b. Purpose
b. Purpose	c. Code <i>A</i>	c. Code	c. Code
<i>Checking</i>	d. Period Begin Balance <i>\$651.99</i>	d. Period Begin Balance	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.

Latoya Benton
 Printed Name of Signer

Latoya Benton
 Signature of Appointed Treasurer

10/3/2005
 Date

FOR OFFICE USE ONLY

Date Received: *10-3-05* Employee: *Vanita Ouy*
 Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund If applicable)		2. Type of Report	3. ID Number
Duck wants to know		Pre-Premen	D
Start of Election Cycle: January 1, 2005		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 651.99	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 305	\$ 2486.79
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2320.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 200.00
9) Loan Proceeds	(CRO-1410)	\$	\$ 800.00
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)	\$	\$.24
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 305	\$ 5807.03
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 410.11	\$ 2460.15
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$ 800
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 2000.00
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 410.11	\$ 5260.15
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 546.88	\$ 546.88
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		\$	\$

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <i>Nick wants TO know</i>				2. ID Number	
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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Victorian Woods rest 1710 W Franklin Monroe NC 28110</i>		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 <i>A</i>	g. Form of Payment <i>check</i>	h. Purpose <i>Fundraiser Food</i>	i. Date (mm/dd/yyyy) <i>9/10/2005</i>	j. Amount <i>\$ 410.11</i>	
				\$	
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	
				\$	
				\$	
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				\$ <i>410.11</i>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ <i>410.11</i>	

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-B) to make those kinds of committee changes. Use the Addendum form (CRO-1010) if more changes are needed.

I. Committee Information

a. Full Name: Nick Wants To Know c. ID Number: 59
 b. Mailing Address (include City, State and Zip Code): P.O. Box 1452
Monroe, NC 28111 d. Date Filed: 9/6/05
 e. Phone Number: (704) 236-6869

2. Report Year: 05 3. Period Start Date (mm/dd/yyyy): _____ 4. Period End Date (mm/dd/yyyy): _____ 5. Treasurer Full Name: Latoya Bantion

6. Type of Committee (Check one):
 Candidate Campaign Party
 Joint Fundraiser PAC
 Refundation

7. Type of Fund (if applicable, check one):
 Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidate Fund
 NC Public Campaign Financing Fund
 Other: _____

8. 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-ordinance, Final, Supplemental Final, Annual, Special

9. Special Report Name: _____

11. Account Information

a. Financial Institution Full Name: Bank of America
 b. Purpose: Campaign Checking c. Code: A
 d. Periodic Begin Balance: \$ 0

10. Account Information
 a. Financial Institution Full Name: _____
 b. Purpose: _____ c. Code: _____
 d. Periodic Begin Balance: 5

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.

Latoya Bantion Printed Name of Signer
Latoya Bantion Signature of Appointed Treasurer
sep 6, 2005 Date

FOR OFFICE USE ONLY

Date Received: 9-6-05 Employee: Julie Orr
 Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____

Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Nick Wants To Know	35-day Report	590 68 2622	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2702.03	\$ 2702.03
6) Contributions from Individuals (CRO-1210)		\$ 0	\$ 0
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)		\$ 800.00	\$ 800.00
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)		\$ 2025.77	\$ 2025.77
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 5527.80	\$ 5527.80
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 2075.81	\$ 2075.81
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
14c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$ 800.00	\$ 800.00
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)		\$ 2875.81	\$ 2875.81
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 651.99	\$ 651.99
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

Contributions from Individuals

Pg. ___ of ___

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Nick Wants To Know	2. ID Number
--	--------------

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	
Sue Myrick		U.S. Represent.			
		c. Employer's Name/Specific Field			
		U.S. Congress		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"/>	A	Check			\$ 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	
Susan Bacon Drake P.O. Box 7901 Marshville, NC 28103		Retired			
		c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date	
				\$ 170.00	
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	
Fern Shubert Marshville, NC 28103		CPA			
		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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 520.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$

Goods and Services (including Fundraisers)

Pg _____ of _____

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **Nick Wants to Know** 2. ID Number **590 68 2622**

3. Event Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) **Victorian Crow's Nest
Monroe, NC 28112**

b. Attendance (approx. count) **65**

d. Date(s) Held (mm/dd/yyyy) FROM: **8/30/05**

c. Description **Fundraiser**

TO:

e. Total Event Amount **\$ 2,000**

4. Items (goods and/or services) Sold

a. Cnt	b. Payment Breakdown			c. Item Description	d. Acct Code	e. Date (mm/dd/yyyy)	f. Amount per Item	g. Total Amount
	Check	Cash	Other					
				Fundraisers	A		\$	\$ 2,000.00
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

5. Total only this Page (This should be the sum of all item 'g' from this page) \$ **2,000**

6. Total of ALL CRO-1260 Pages (This line must be on line 12 of Detailed Summary Page CRO-1100) \$ **2,000**

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
John Barker John Barker Monroe, NC 28110			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 8/18/05
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 200.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose		j. Election Cycle Sum to Date
Retired		-	Loan		\$
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
A	Check				\$ 200.00
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Pete Polyzos Monroe, NC 28112			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Disbursement Date 8/22/05
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 400.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose		j. Election Cycle Sum to Date
Physician's Asst		Crick Medical	Loan		\$
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
A	Check				\$ 400.00
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Gina Polyzos Monroe, NC 28112			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Disbursement Date 8/18/05
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 200.00
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose		j. Election Cycle Sum to Date
Investments		West Fin Services	Loan		\$
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
A	Cash				\$ 200.00
4. Total only this Page					\$
5. Total of ALL CRO-1320 Pages					\$ 800.00
(This line must be on line 16 of Detailed Summary Page CRO-1100)					

Loan Proceeds

Page _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Lender 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	
John Barker Monroe, NC 28110		Retired		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field		f. End Date (mm/dd/yyyy)	
		-			
g. Rate	h. Security Plugged	i. Account Code	j. Form of Payment	k. Amount	
0 %		A	Check	\$ 200.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
Pete Polyzos Monroe NC 28112		Physicians Asst.		Circle Medical Assoc.	
		d. Percentage	e. Amount		
		0 %		\$ 200 400.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
Gina Polyzos Monroe, NC 28112		Investments		Vest Fin. Services	
		d. Percentage	e. Amount		
		0 %		\$ 200.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage	e. Amount		
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage	e. Amount		
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 200.00	

Loan Repayments

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Nick Wants To Know				590 682622	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
John Barker Monroe, NC 28110					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$ 200.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	A	Check	8/31/04	\$ 200.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Pete Polyzos Monroe, NC 28112					
				c. Original Loan Date	
				8/22/05	
				d. Original Loan Amount	
				\$ 400.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	A	Check	8/31/05	\$ 400.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Sime Polyzos Monroe, NC 28112					
				c. Original Loan Date	
				8/31/05	
				d. Original Loan Amount	
				\$ 200.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	A	Check	8/31/05	\$ 200.00	
\$				\$	
4. Total only this Page				\$ 800.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 800.00	

In-Kind Contributions

Page ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Shirky and Coffield Shuburn Monroe, NC 28112	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		\$ 2,000.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fundraiser	8/30/05	\$ 2,000.00
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$

4. Total only this Page	\$ 2,000.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 2,000.00