

Disclosure Report Cover

COPY

Amendment

☒ Yes ☐ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.

Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT RICHARD NORMAN	000-000000-0-000
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2071 MALLARD LAKES DRIVE WINSTON-SALEM, NC 27106	02/03/2006
	e. Phone Number
	(336) 499-6290

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10/25/2005	12/14/2005	CARL ALLEN

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 type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" 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	
PAYPAL		SUNTRUST	
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN ONLINE DONATIONS	2	CAMPAIGN CHECKING	1
	d. Period Begin Balance		d. Period Begin Balance
	\$ 15.00		\$ 2,915.59

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.

Carl Allen
Printed Name of Signer

Carl Allen
Signature of Appointed Treasurer

02/03/2006
Date

FOR OFFICE USE ONLY

Date Received:	<u>2-6-06</u>	Employee:	<u>Judy Spears</u>	Delivery Method
Date Postmarked:	<u>2-3-06</u>	Employee:	<u>Judy Spears</u>	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
				<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed

FORSYTH COUNTY
BOARD OF ELECTIONS
RECEIVED
FEB - 6 PM 3:28