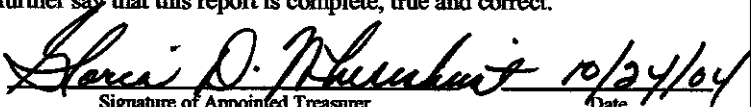


# Disclosure Report Cover

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.

<b>1. Committee Information</b>				
a. Full Name			c. ID Number	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT			10YH4X	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
456 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104			04/27/2004	
			e. Phone Number	
			(336) 725-1072	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2004	07/01/2004	10/16/2004	GLORIA D. WHISENHUNT	
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		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		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Soft Money Account <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:		<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
		9. Special Report Name		
<b>10. Account Information</b>		<b>10. Account Information</b>		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST CITIZENS BANK				
b. Purpose	c. Code	b. Purpose	c. Code	
CHECKING	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 849.18		\$	
<b>CERTIFICATION</b>				
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.				
GLORIA D. WHISENHUNT		 Signature of Appointed Treasurer		
Printed Name of Signer		Date		
		10/24/04		
<b>FOR OFFICE USE ONLY</b>				
Date Received:	10-25-04	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		

FORSYTH COUNTY  
 OCT 25 PM 1:41

# Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee To Re-Elect Gloria D. Whisenhunt	Third Quarter	10YH4X	
Start of Election Cycle: January 1, <u>2004</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 849.18	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 625.00	\$ 1,450.00
6) Contributions from Individuals (CRO-1210)		\$ 5,050.00	\$ 8,950.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 700.00	\$ 700.00
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)		\$ 6,375.00	\$ 11,100.00
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 5,981.27	\$ 9,857.09
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)		\$ 5981.27	\$ 9,857.09
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1,242.91	\$ 1,242.91
<b>ADDITIONAL INFORMATION</b>			
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-1100

NC State Board of Elections

March 2003

# Aggregated Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT					10YH4X	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/06/2004	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/06/2004	\$ 100.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/08/2004	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/08/2004	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/08/2004	\$ 100.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/08/2004	\$ 100.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/08/2004	\$ 100.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/14/2004	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	CHECK		07/15/2004	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>					\$ 625.00	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 625.00	

# Contributions from Individuals

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT					10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
GERALD H. LONG 7631 LASATER ROAD CLEMMONS, N.C. 27012 336 945-3776				OWNER		
				<b>c. Employer's Name/Specific Field</b>		
				GARDEN SHOP		
				<b>e. Election Cycle Sum to Date</b>		
				\$ 1,000.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		07/06/2004	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
LUCIAN H. NEAL P.O. BOX 20725 WINSTON-SALEM, N.C. 27120 336 722-3276				OWNER		
				<b>c. Employer's Name/Specific Field</b>		
				AUTO DEALERSHIP		
				<b>e. Election Cycle Sum to Date</b>		
				\$ 150.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		07/06/2004	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
DON G. ANGELL P.O. BOX 1670 CLEMMONS, N.C. 27012 336 766-5220				OWNER		
				<b>c. Employer's Name/Specific Field</b>		
				DEVELOPER		
				<b>e. Election Cycle Sum to Date</b>		
				\$ 250.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		07/06/2004	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 900.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

# Contributions from Individuals

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT						10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DENNIS G. HATCHELL 1875 RUNNYMEDE ROAD WINSTON-SALEM, N.C. 27104 828 323-4424				PRESIDENT			
				<b>c. Employer's Name/Specific Field</b>			
				FOOD DISTRIBUTOR		<b>e. Election Cycle Sum to Date</b>	
						\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/06/2004	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RANDY A. PETERS MD 1457 RIDGEMERE LANE WINSTON-SALEM, N.C. 27106 336 774-1763				DOCTOR			
				<b>c. Employer's Name/Specific Field</b>			
				SALEM GASTROENTEROLOGY ASSOCIATION		<b>e. Election Cycle Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/02/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN A. COCKEREECE JR. 2308 ROBINHOOD ROAD WINSTON-SALEM, N.C. 336 722-1698				LAWYER			
				<b>c. Employer's Name/Specific Field</b>			
				LOCAL LAW FIRM		<b>e. Election Cycle Sum to Date</b>	
						\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/09/2004	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

# Contributions from Individuals

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT						10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JAMES E. BROYHILL 525 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104 336 724-3726				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED		<b>e. Election Cycle Sum to Date</b>	
						\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/05/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MELANIE P. BROYHILL 525 N. HAWTHORNE ROAD WINSTON-SALEM, N.C. 27104 336 724-3726				HOME MAKER			
				<b>c. Employer's Name/Specific Field</b>			
				HOME MAKER		<b>e. Election Cycle Sum to Date</b>	
						\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/05/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS J. KEITH 3450 FRATERNITY CHURCH ROAD WINSTON-SALEM, N.C. 336 816-5777				DISTRICT ATTORNEY			
				<b>c. Employer's Name/Specific Field</b>			
				FORSYTH COUNTY		<b>e. Election Cycle Sum to Date</b>	
						\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/19/2004	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1,250.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT						10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NELSON JESSUP 735 POLO OAKS DRIVE WINSTON-SALEM, N.C. 27106 336 760-8989				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		07/19/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RICHARD E. HEDRICK JR. MD 1706 VIRGINIA ROAD WINSTON-SALEM, N.C. 27104 336 723-6339				DOCTOR			
				<b>c. Employer's Name/Specific Field</b>			
				OBGYN			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		08/11/2004	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
STEPHEN R. STRAWSBURY 364 BUCKINGHAM ROAD WINSTON-SALEM, N.C. 27104 336 760-1610				VICE-PRESIDENT			
				<b>c. Employer's Name/Specific Field</b>			
				MANUFACTURE CORPORATION			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		10/15/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 950.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT						10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS F. McKIM 2840 CALUMET STREET WINSTON-SALEM, N.C. 27106 336 727-1728				ATTORNEY			
				<b>c. Employer's Name/Specific Field</b>			
				MANUFACTURER CORPORATION		<b>e. Election Cycle Sum to Date</b>	
						\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		10/15/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GROVER SHUGART, JR. 221 JONESTOWN ROAD WINSTON-SALEM, N.C. 27106 336 774-8756				PRESIDENT			
				<b>c. Employer's Name/Specific Field</b>			
				CONSTRUCTION CO.		<b>e. Election Cycle Sum to Date</b>	
						\$ 1,500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	CHECK		10/15/2004	\$ 750.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Cycle Sum to Date</b>	
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1,250.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 5,050.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							



**Contributions from Other Political Committees**

Pg 1 of 1

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT				10YH4X	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Type of Committee</b>		<b>d. Comments</b>
N C Home Builders Association Build Political Action Committee P.O. Box 99090 Raleigh, N.C. 27264 800 662-7129			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Cycle Sum to Date</b>	
				\$ 500.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK		07/19/2004	\$ 500.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Type of Committee</b>		<b>d. Comments</b>
VMC-NC PAC Thomas E. Carroll Business Development Government Affairs MidEast Di P.O. Box 4239 Winston-Salem, N.C. 27115 336 7442032			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Cycle Sum to Date</b>	
				\$ 200.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK		07/19/2004	\$ 200.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Type of Committee</b>		<b>d. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Cycle Sum to Date</b>	
				\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 700.00	
<b>5. Total of ALL CRO-1230 Pages</b> <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 700.00	

# Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT</b>			2. ID Number <b>10YH4X</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures				
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SMITH PHILLIPS LUMBER CO. 600 EAST 17TH STREET WINSTON-SALEM, N.C. 27105 336 722-8167</b>			b. Coordinated Committee Name	d. Comments <b>2 OF 3 CHECKS FOR SMITH PHILLIPS</b>
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date <b>\$ 365.70</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	STAKES	07/02/2004	\$ 89.88
1	CHECK	STAKES	07/15/2004	\$ 89.88
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>CONTINUED FROM ABOVE (SMITH PHILLIPS LUMBER CO.)</b>			b. Coordinated Committee Name	d. Comments <b>3RD CHECK FOR SMITH PHILLIPS</b>
			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 <b>\$ 0.00</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	STAKES	10/06/2004	\$ 185.94
				\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WINSTON-SALEM JOURNAL P.O. BOX 3159 WINSTON-SALEM, N.C. 27102 336 727-7479</b>			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 <b>\$ 3,975.40</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CHECK	ADVERTISEMENT	07/15/2004	\$ 1,451.40
1	CHECK	ADVERTISEMENT	09/28/2004	\$ 1,485.60
5. Total only this Page				\$ 3,302.70
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$

**Disbursements**

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT				10YH4X	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BP OIL CO. P.O. BOX 9014 DES MOINES, IA. 50368-9014 800 850-6266			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 230.01
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	GAS	08/04/2004	\$ 230.01	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
AMERICAN SPEEDY PRINT 805-A SILAS CREEK PARKWAY WINSTON-SALEM, N.C. 27127 336 777-8615			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 285.28
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	CARDS FOR DOORS	09/27/2004	\$ 285.28	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CLEMMONS COURIOR P.O. BOX 765 CLEMMONS, N.C. 27012 336 766-4126			<b>c. Level Registered (Specify)</b>		<b>e. Election Cycle Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 492.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	ADVERTISEMENT	10/04/2004	\$ 184.50	
				\$	
<b>5. Total only this Page</b>				\$ 699.79	
<b>6. Total of ALL CRO-1310 Pages</b>				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

# Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WEEKLY INDEPENDENT 120 S. MAIN STREET KING, N.C. 27021 336 983-3109			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 411.60
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	ADVERTISEMENT	10/11/2004	\$ 176.40	
				\$	
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
KIC 275 S. MAIN STREET KING, N.C. 27021 336 983-5171			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1,733.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	SIGNS	10/11/2004	\$ 770.40	
				\$	
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
SIGN A RAMA 636-D SOUTH STRATFORD ROAD WINSTON-SALEM, N.C. 27103 336 794-9800			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 156.31
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CHECK	MAGNET SIGNS	10/14/2004	\$ 156.31	
				\$	
5. Total only this Page				\$ 1,103.11	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

# Disbursements

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO RE-ELECT GLORIA D. WHISENHUNT				10YH4X	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
KERNERSVILLE NEWS P.O. BOX 337 KERNERSVILLE, N.C. 27285 336 993-2161			<b>c. Level Registered (Specify)</b>		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$ 1,811.67
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	CHECK	ADVERTISEMENT	10/15/2004	\$ 875.67	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Cycle Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 875.67	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 5,981.27	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					