

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 Nelson For Commissioner	c. ID Number
b. Mailing Address (include City, State and Zip Code) 214 Webb St Hillsborough NC 27278	d. Date Filed 1/25/2008
	e. Phone Number 919-749-6155

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	07/01/2007	12/31/2007	William Bradley Oaks

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	<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"/> Legal Expense Fund	<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	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens		a. Financial Institution Full Name PayPal	
b. Purpose All campaign expenses	c. Account Code 1	b. Purpose for receiving online contributions	c. Account Code P
	d. Period Begin Balance \$ 7309.78		d. Period Begin Balance \$ 0.00

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed 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 according to N.C.G.S. 163-278.7(f).
 William Bradley Oaks _____ 01/25/2008
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received:	<u>1/28/08</u>	Employee:	<u>[Signature]</u>
Date Postmarked:	<u>1/25/08</u>	Employee:	<u>[Signature]</u>
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method	
		<input checked="" type="checkbox"/> Normal Mail	
		<input type="checkbox"/> Registered Mail	
		<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received 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.
 Orange Co. Bd. of Elections

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	
Nelson for Commissioner		Year-End Semi Annual			
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 7309.78		\$ 8940.05	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 0	
6) Contributions from Individuals		(CRO-1210)		\$ 0	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 0	
9) Loan Proceeds		(CRO-1410)		\$ 0	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ 2000.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$ 0	
11c) Outside Sources of Income		(CRO-1250)		\$ 0	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 2000.00		\$ 5500.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 1862.79	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 4950.00	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 0	
15) Loan Repayments		(CRO-1420)		\$ 0	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$ 889.63	
17) In-Kind Contributions		(CRO-1510)		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7702.42		\$ 12832.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1607.36		\$ 1607.36	
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	
26) Forgiven Loans		(CRO-1440)		\$ 0	
27) 48-Hour Notice Reports Sum		(CRO-2200)		\$ 0	
27) Contributions to be refunded		(CRO-1215)		\$ 0	

Received

JAN 28 2008

Orange Co. Bd. of Elections

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Nelson for Commissioner					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Nelson Campaign 214 Webb St Hillsborough NC 27278			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		7/6/2007
			i. Original Expenditure Amt		\$ 4000
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Suspended Senat e Campaign	
				j. Election Sum to Date	
				\$ 2000	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
1	Check		10/17/2007		\$ 1000
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Nelson Campaign 214 Webb St Hillsborough NC 27278			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		7/6/2007
			i. Original Expenditure Amt		\$ 4000
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Suspended Senat e Campaign	
				j. Election Sum to Date	
				\$ 2000	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
1	Check		12/31/2007		\$ 1000
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
			i. Original Expenditure Amt		\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
			Received JAN 28 2008		\$
4. Total only this Page					Orange Co. Bd. of Elections \$ 2000.00
5. Total of ALL CRO-1240 Pages					\$ 2000.00
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					

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
Nelson for Commissioner						
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
A Southern Season 201 S. Estes Dr Chapel Hill NC 27510				c. Level Registered (Specify)		e. Election Sum to Date \$ 56.59
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-15-2007	\$ 56.59	food - reception for local acti	
				\$		
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
Amazon.com 1516 2nd Ave Seattle WA 98101				c. Level Registered (Specify)		e. Election Sum to Date \$ 21.78
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	K*	07-12-2007	\$ 21.78	Book purchase	
				\$		
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
Chapel Hill Parks & Rec 200 Plant Rd Chapel Hill NC 27514				c. Level Registered (Specify)		e. Election Sum to Date \$ 85.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	H*	07-06-2007	\$ 85.00	Festifall registration.	
				\$		
5. Total only this Page						\$ 163.37
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>						\$ 1,862.79
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						

JAN 28 2008

Orange Co. Bd. of Elections

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)						2. ID Number
Nelson for Commissioner						
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
Constant Contact 1601 Trapelo Road, Suite 329 Waltham MA 02451				c. Level Registered (Specify)		e. Election Sum to Date \$ 60.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	K*	07-16-2007	\$ 15.00	email service	
1	credit	K*	08-15-2007	\$ 30.00	email service	
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
Covenant with NC's Children P.O. Box 28268 Raleigh NC 27611				c. Level Registered (Specify)		e. Election Sum to Date \$ 250.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	H*	11-26-2007	\$ 250.00	event sponsorship	
				\$		
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
First Citizens 239 Fayetteville St Raleigh NC 27601				c. Level Registered (Specify)		e. Election Sum to Date \$ 32.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	K*	08-29-2007	\$ 32.00	bank fee	
				\$		
5. Total only this Page						\$ 327.00
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>						\$ 1,862.79
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

Received

JAN 28 2008

Orange Co. Bd. of Elections

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)						2. ID Number
Nelson for Commissioner						
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
Harris Teeter 310 N Greensboro St Carrboro NC 27510				c. Level Registered (Specify)		e. Election Sum to Date \$ 4.45
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	H*	08-20-2007	\$ 4.45	supplies - reception for local	
				\$		
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
Hillsborough Wine Co. 200 S. Churton St Hillsborough NC 27278				c. Level Registered (Specify)		e. Election Sum to Date \$ 272.91
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-13-2007	\$ 147.82	wine - reception for local acti	
1	credit	H*	08-27-2007	\$ 125.09	wine - reception for local lea	
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
Linens N Things 5430 New Hope Commons Drive Durham NC 27707				c. Level Registered (Specify)		e. Election Sum to Date \$ 31.99
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-20-2007	\$ 31.99	supplies - reception for local	
				\$		
5. Total only this Page						\$ 309.35
6. Total of ALL CRO-1310 Pages						\$ 1,862.79
<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>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

JAN 28 2008

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)						2. ID Number
Nelson for Commissioner						
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
Mediterranean Deli 410 W Franklin St Chapel Hill NC 27516						
				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
						\$ 12.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-20-2007	\$ 12.79	food - reception for local lead	
				\$		
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
NARAL ProChoice NC 514 Daniels Street, #142 Raleigh NC 27605						
				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
						\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	H*	08-15-2007	\$ 250.00	event sponsorship	
				\$		
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
NCSEA PO Box 6465 Raleigh NC 27628						
				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
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	H*	07-01-2007	\$ 250.00	event sponsorship	
				\$		
5. Total only this Page						\$ 512.79
6. Total of ALL CRO-1310 Pages						\$ 1,862.79
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						Received

JAN 28 2008

Orange Co. Bd. of Elections

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) Nelson for Commissioner	2. ID Number
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) News and Observer 215 S McDowell Street Raleigh NC 27601	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 \$ 330.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	H*	12-12-2007	\$ 165.00	subscription
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Square Rabbit 19 E Martin St Raleigh NC 27601	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 \$ 20.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit	H*	08-20-2007	\$ 20.47	food - reception for local lead
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 1710 E Franklin St Chapel Hill NC 27514	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 \$ 127.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit	K*	08-15-2007	\$ 127.01	office supplies
				\$	

5. Total only this Page \$ 312.48

6. Total of ALL CRO-1310 Pages
(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)
 \$ 1,862.79

7. Purpose Codes (List detailed expenditure code in (h.) above)

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

JAN 28 2008

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)						2. ID Number
Nelson for Commissioner						
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
United States Postal Service Capitol Station Raleigh NC 27601				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 122.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	I	07-11-2007	\$ 41.04		
1	check	I	07-20-2007	\$ 42.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
United States Postal Service Capitol Station Raleigh NC 27601				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 163.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	I	08-09-2007	\$ 41.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
Weaver Street Market 101 E. Weaver St Carrboro NC 27510				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 77.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-20-2007	\$ 38.73	food - reception for local act ⁺	
1	credit	H*	08-20-2007	\$ 38.73	food - reception for local lead ⁺	
5. Total only this Page						\$ 201.50
6. Total of ALL CRO-1310 Pages						\$ 1,862.79
<i>(This line goes in line 14a of Detailed Summary Page CRO-1200 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>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

JAN 28 2008

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)						2. ID Number
Nelson for Commissioner						
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
marshalls 5438 New Hope Commons Drive Durham NC 27707				c. Level Registered (Specify)		e. Election Sum to Date \$ 36.30
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit	H*	08-15-2007	\$ 36.30	supplies - reception for local	
				\$		
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)		e. Election Sum to Date \$
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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)		e. Election Sum to Date \$
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 36.30
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>						\$ 1,862.79
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						

Received

JAN 28 2008

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)						2. ID Number
Nelson for Commissioner						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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
Broun for Alderman 107 Creekview Circle Carrboro NC 27510				c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-18-2007	\$ 100.00		
				\$		
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
Cam Hill for Council 412 E Rosemary St Chapel Hill NC 27514				c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-07-2007	\$ 100.00		
				\$		
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
Chilton for Mayor 203 Ashe Ave Carrboro NC 27510				c. Level Registered (Specify)		e. Election Sum to Date \$ 150.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-07-2007	\$ 150.00		
				\$		
5. Total only this Page						\$ 350.00
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>						\$ 4,950.00
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

Received

JAN 28 2008

Orange Co. Bd. of Elections

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
Nelson for Commissioner						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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
Coleman for Alderman PO Box 434 Carrboro NC 27510				c. Level Registered (Specify)		e. Election Sum to Date \$ 50.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-15-2007	\$ 50.00		
				\$		
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
Greene for Council 406 Morgan Creek Rd Chapel Hill NC 27517				c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-11-2007	\$ 100.00		
				\$		
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
Lavelle for Alderman 8107 Kit Lane Chapel Hill NC 27516				c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-29-2007	\$ 100.00		
				\$		
5. Total only this Page						\$ 250.00
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>						\$ 4,950.00
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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	O* - Other			
* Codes require detailed explanation in required remarks field (k)						

JAN 28 2008

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) Nelson for Commissioner						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <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) Lloyd for Town Board 169 W. Tryon Street Hillsborough NC 27278				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 \$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-07-2007	\$ 50.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MeckPAC P.O. Box 9807 Charlotte NC 28299				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 \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-27-2007	\$ 100.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nelson Campaign 214 Webb St Hillsborough NC 27278				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 \$ 4,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	D	07-06-2007	\$ 4,000.00		
				\$		
5. Total only this Page						\$ 4,150.00
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>						\$ 4,950.00
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

Received

JAN 28 2008

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)						2. ID Number	
Nelson for Commissioner							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
Newman for Council 2 Wall St. Asheville NC 28801				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 100.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	D	07-25-2007	\$ 100.00			
				\$			
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	
Ward for Council 112 Bolton Place Chapel Hill NC 27516				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 100.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	D	07-18-2007	\$ 100.00			
				\$			
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:			
				\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 200.00	
6. Total of ALL CRO-1310 Pages						\$ 4,950.00	
<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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

JAN 28 2008

Orange Co. Bd. of El

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Nelson for Commissioner				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Michael R Nelson 214 Webb St Hillsborough NC 27278		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/6/2007
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 15.25
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$ 316.53	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Lobbyist	Conservation Council of NC			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Lunch meeting with Treasurer	7/6/2007	\$ 15.25	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Michael R. Nelson 214 Webb St Hillsborough NC 27278		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/28/2007
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 50.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$ 316.53	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Lobbyist	Conservation Council of NC			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	round trip cab fare, elected officials conference	11/23/2007	\$ 50.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Michael R. Nelson 214 Webb St. Hillsborough NC 27278		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/28/2007
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 224.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$ 316.53	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Lobbyist	Conservation Council of NC			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	elected officials conference per diem at IRS rate	11/23/2007	\$ 224.00	
4. Total only this Page				\$ 289.25
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 889.63
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* - Other		
* Codes require detailed explanation in required remarks field (m)				

Received

JAN 28 2008

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Nelson for Commissioner				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Michael R Nelson 214 Webb St Hillsborough NC 27278		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/28/2007
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 27.28
f. Purpose Code		j. Election Sum to Date		
P		\$ 316.53		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Lobbyist	Conservation Council of NC			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Mileage - round trip to airport elected officials conference	11/23/2007	\$ 27.28	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Nelson Campaign 214 Webb St Hillsborough NC 27278		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/07/2007
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 573.10
f. Purpose Code		j. Election Sum to Date		
P		\$ 2573.10		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Lobbyist	Conservation Council of NC			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Airfare to elected officials conference	12/24/2007	\$ 573.10	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 600.38
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 889.63
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* Other		
* Codes require detailed explanation in required remarks field (m)				

Received

JAN 28 2008