

# 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
Nelson for Commissioner	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
105 Fidelity Street, A-22 Carrboro NC 27510-2064	01/10/2007
	e. Phone Number
	(919)749-6155

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10/22/2006	12/31/2006	William Bradley Oaks

<b>6. Type of Committee</b> (Check one)		<b>8. Type of Report</b> (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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
<b>7. Type of Fund</b> (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 checked="" 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	<b>9. Special Report Name</b>
<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	

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizens Bank		PayPal	
b. Purpose	c. Code	b. Purpose	c. Code
All campaign expenses	1	Receiving online contributions from individuals	P
	d. Period Begin Balance		d. Period Begin Balance
	\$ 7,174.35		\$ 48.25

**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.

William Bradley Oaks \_\_\_\_\_ 01/10/2007  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 1/12/07 Employee: \_\_\_\_\_  
 Date Postmarked: 1/10/07 Employee: \_\_\_\_\_  
 Date Scanned: 1/18/07 Employee: 6/5

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Received  
 JAN 12 2007  
 Orange Co. Bd. of Elections

# 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	
Nelson for Commissioner	2006 Fourth Quarter		
Start of Election Cycle: January 1, 2005	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 7,222.60	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 885.00	\$ 12,390.99	
6) Contributions from Individuals (CRO-1210)	\$ 955.00	\$ 18,437.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 5,374.40	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 100.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 119.60	\$ 119.60	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
12) "Goods and Services" Contributions (CRO-1260)	\$ 0.00	\$ 0.00	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 1,959.60	\$ 36,421.99	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 242.15	\$ 23,365.54	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 3,306.00	
14c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 100.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 710.40	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 242.15	\$ 27,481.94	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 8,940.05	\$ 8,940.05	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 48.25		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum	\$ 0.00	\$ 4,000.00	

CRO-1100

NC State Board of Elections

Received

March 2003

JAN 12 2007

Orange Co. Bd. of Elections

# Aggregated Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Nelson for Commissioner						
3. Contributor Information						
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		10/25/2006	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/24/2006	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	75.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/25/2006	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/23/2006	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/25/2006	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/25/2006	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/23/2006	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/25/2006	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/27/2006	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/30/2006	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/27/2006	\$	75.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/24/2006	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/22/2006	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/25/2006	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		check		10/23/2006	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/27/2006	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1				\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>					\$	885.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	885.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Received

JAN 12 2007

Orange Co. Bd. of Elections

**Contributions from Individuals**

Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Nelson for Commissioner							
<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>	
Kari Gabrielle Andrade 1126 Terry Road Hillsborough NC 27278				Financial Advisor			
				<b>c. Employer's Name/Specific Field</b>			
				Ameriprise Financial Services			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 125.00	
<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 checked="" type="checkbox"/>	1	check		02/23/2006	\$ 75.00		
<input type="checkbox"/>	1	check		10/24/2006	\$ 50.00		
<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>	
C Coleman Billingsly, Jr. 714 Parkham Lane Raleigh NC 27603				Retired			
				<b>c. Employer's Name/Specific Field</b>			
				Retired			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 140.00	
<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 checked="" type="checkbox"/>	1	check		03/01/2006	\$ 100.00		
<input type="checkbox"/>	1	check		10/22/2006	\$ 40.00		
<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>	
Joseph L Brady, Jr., M.D. 320 West 9th Street Charlotte NC 28202				Physician			
				<b>c. Employer's Name/Specific Field</b>			
				Presbyterian			
						<b>e. Election Cycle Sum to Date</b>	
						\$ 325.00	
<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		10/22/2006	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 165.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Resolved

JAN 12 2007

# Contributions from Individuals

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Nelson for Commissioner							
<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>	
Robert L Bryant 6310 Turkey Farm Road Chapel Hill NC 27514				Professor			
				<b>c. Employer's Name/Specific Field</b>			
				Duke University		<b>e. Election Cycle Sum to Date</b>	
						\$ 125.00	
<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		10/22/2006	\$ 125.00		
<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>	
Roy Cromartie 5301 Tuiptree Lane Raleigh NC 27612				Physician			
				<b>c. Employer's Name/Specific Field</b>			
				Cancer Centers of North Carolina		<b>e. Election Cycle Sum to Date</b>	
						\$ 400.00	
<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		10/22/2006	\$ 125.00		
<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>	
Margot Lester 314 Bolin Forest Carrboro NC 27510				Education Consultant			
				<b>c. Employer's Name/Specific Field</b>			
				Private Practice		<b>e. Election Cycle Sum to Date</b>	
						\$ 125.00	
<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 checked="" type="checkbox"/>	1	check		03/17/2006	\$ 50.00		
<input type="checkbox"/>	1	check		10/22/2006	\$ 75.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 325.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Received

JAN 12 2003

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Nelson for Commissioner						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nerys W Levy 161 Swansea Lane Chapel Hill NC 27516				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Retired		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 checked="" type="checkbox"/>	1	check		02/20/2006	\$ 100.00		
<input type="checkbox"/>	1	check		10/25/2006	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) E A Nelson 429 W Maxwell Street Lakeland FL 33803				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Retired		e. Election Cycle Sum to Date \$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	1	check		04/29/2006	\$ 100.00		
<input type="checkbox"/>	1	check		10/22/2006	\$ 125.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sherri Ontjes 215 West Main Street Carrboro NC 27510				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Retired		e. Election Cycle Sum to Date \$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		10/24/2006	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 375.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$		

Received

JAN 12 2003

Orange Co. Bd. of Elections

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Nelson for Commissioner	2. ID Number
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**3. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  Steven J Rose 113 Hanna Street Carrboro NC 27510	b. Job Title/Profession Lawyer	d. Comments
	c. Employer's Name/Specific Field General Assembly	
	e. Election Cycle Sum to Date	
	\$ 125.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	1	check		03/21/2006	\$ 75.00
<input type="checkbox"/>	1	check		10/31/2006	\$ 50.00
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  Paige Zinn 306 Rossburn Way Chapel Hill NC 27516	b. Job Title/Profession Developer and Advertising Executive	d. Comments
	c. Employer's Name/Specific Field Jennings and Company	
	e. Election Cycle Sum to Date	
	\$ 315.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		10/25/2006	\$ 40.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	e. Election Cycle Sum to Date	
	\$	

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"/>					\$

<b>4. Total only this Page</b>	\$ 90.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 955.00
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Received

JAN 12 2007

Orange Co. Bd. of Elections

# Refunds/Reimbursements To the Committee

Pg 1 of 3

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

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
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Refund Unauthorized Chrg.
					j. Election Cycle Sum to Date
					\$ 14.95
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
1		credit			12/13/2006
					o. Amount
					\$ 14.95
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
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Refund Unauthorized Chrg.
					j. Election Cycle Sum to Date
					\$ 29.90
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
1		credit			12/13/2006
					o. Amount
					\$ 14.95
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
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Refund Unauthorized Chrg.
					j. Election Cycle Sum to Date
					\$ 44.85
k. Account Code		l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)
1		credit			12/13/2006
					o. Amount
					\$ 14.95
4. Total only this Page					\$ 44.85
5. Total of ALL CRO-1240 Pages					\$
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					

Received

JAN 12 2003

Orange Co. Bd. of Elections

**Refunds/Reimbursements To the Committee**

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>	
Nelson for Commissioner					
<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>d. Type of Committee</b>		<b>g. Comments</b>
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/17/2006
					<b>i. Original Expenditure Amt</b>
					\$ 14.95
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				Refund Unauthorized Chrg.	
				<b>j. Election Cycle Sum to Date</b>	
				\$ 59.80	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	credit			12/13/2006	\$ 14.95
<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>d. Type of Committee</b>		<b>g. Comments</b>
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/15/2006
					<b>i. Original Expenditure Amt</b>
					\$ 14.95
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				Refund Unauthorized Chrg.	
				<b>j. Election Cycle Sum to Date</b>	
				\$ 74.75	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	credit			12/13/2006	\$ 14.95
<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>d. Type of Committee</b>		<b>g. Comments</b>
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/13/2006
					<b>i. Original Expenditure Amt</b>
					\$ 14.95
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				Refund Unauthorized Chrg.	
				<b>j. Election Cycle Sum to Date</b>	
				\$ 89.70	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	credit			12/13/2006	\$ 14.95
<b>4. Total only this Page</b>					\$ 44.85
<b>5. Total of ALL CRO-1240 Pages</b> <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$

CRO-1240

NC State Board of Elections

March 2003

Received

JAN 12 2007

Orange Co. Bd. of Elections

# Refunds/Reimbursements To the Committee

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

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
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/13/2006
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Refund Unauthorized Chrg.
					j. Election Cycle Sum to Date
					\$ 104.65
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	credit			12/13/2006	\$ 14.95
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
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		11/14/2006
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Refund Unauthorized Chrg.
					j. Election Cycle Sum to Date
					\$ 119.60
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	credit			12/13/2006	\$ 14.95
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:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					j. Election Cycle Sum to Date
					\$
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 29.90
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 119.60

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JAN 12 2007

Orange Co. Bd. of Elections

# Disbursements

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

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 checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CVS Pharmacy 200 N Greensboro Street Carrboro NC 27510			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:		
					\$ 64.14
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	credit	Christmas cards	11/30/2006	\$ 21.38	
1	credit	Christmas cards	11/30/2006	\$ 42.76	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Lowe's Home Centers, Inc. 1801 Fordham Boulevard Chapel Hill NC 27514			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:		
					\$ 20.76
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	credit	staple gun and staples	11/01/2006	\$ 20.76	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Lynn's Hallmark Shop 201 S Estes Drive Chapel Hill NC 27514			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:		
					\$ 13.91
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	credit	Thank You cards	11/05/2006	\$ 13.91	
				\$	
5. Total only this Page				\$ 98.81	
6. Total of ALL CRO-1310 Pages				\$ 242.15	
<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>					

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NOV 12 2003

Orange Co. Bd. of Elections

**Disbursements**

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>	
Nelson for Commissioner					
<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>
Mike Nelson -reimbursement- 105 Fidelity Street, Apt. A22 Carrboro NC 27510			<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>
					\$ 4,486.60
<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	LA RESIDENCE election party	11/07/2006	\$ 39.00	
				\$	
<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>
Passport to Fun P.O. Box 5152 Des Plaines IL 60017			<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>
					\$ 119.60
<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	credit	charge is in dispute	11/14/2006	\$ 14.95	
				\$	
<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>
Staples 1710 E Franklin St Chapel Hill NC 27514			<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>
					\$ 229.53
<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	credit	printer ink	12/02/2006	\$ 39.39	
				\$	
<b>5. Total only this Page</b>				\$ 93.34	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 242.15	
<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>					

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JAN 12 2007

Orange Co. Bd. of Elections

**Disbursements**

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

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	
The MLK University/Community Planning Corporation PO Box 612 Chapel Hill NC 27514		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:			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	banquet tickets	11/01/2006	\$ 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	
		c. Level Registered (Specify)		e. Election Cycle 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	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)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 50.00	
6. Total of ALL CRO-1310 Pages				\$ 242.15	
<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>					

Received  
 JAN 12 2007  
 Orange Co. Bd. of Elections





## STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT  
Executive Director

MAILING ADDRESS:  
P.O. BOX 27255  
RALEIGH, NC 27611-7255

### CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer that has completed the mandatory treasurer training requirement. The State Board of Elections is required to provide this training. I have not completed this training but am signing this report with the understanding that I will complete treasurer training by the filing of the next regularly scheduled report for my committee, if the State Board of Elections is able to provide such training by all means described in N.C. Gen. Stat. 163-278.7(f).

If I make this certification knowing it to be untrue I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

William Bradley Oaks

Printed name of appointed treasurer

[Signature]

Signature of appointed treasurer

Jan 10, 2007

Date

Received

JAN 12 2007

Orange Co. Bd. of Elections