

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 Committee to Elect Juanita Gonzalez	c. ID Number Y14T6E
b. Mailing Address (include City, State and Zip Code) 222 Wickford Court Fayetteville, NC 28314	d. Date Filed 09-28-07
	e. Phone Number 910-868-6466

2. Report Year 2007	3. Period Start Date (mm/dd/yy) 08-29-07	4. Period End Date (mm/dd/yy) 09-24-07	5. Treasurer Full Name Juanita Gonzalez
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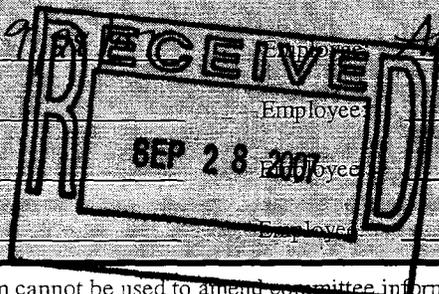
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "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 Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	10. Special Report Name
			<input type="checkbox"/> Special	

10. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank	a. Financial Institution Full Name First Citizens Bank	b. Purpose Campaign	b. Purpose Campaign
b. Purpose	c. Account Code 1	c. Account Code	c. Account Code 1
d. Period Begin Balance \$5451.91	d. Period Begin Balance \$5451.91		

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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Juanita Gonzalez *Juanita Gonzalez* **09-28-07**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:		Delivery Method
Date Postmarked:		<input type="checkbox"/> Normal Mail
Date Scanned:		<input type="checkbox"/> Registered Mail
Date Data Entered:		<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		2. ID Number	
Committee to Elect Juanita Gonzalez		Pre-Primary		Y1YTG6E	
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 5451.91		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 2.00	
6) Contributions from Individuals (CRO-1210)		\$ 1300.00		\$ 7375.91	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 1300.00		\$ 7377.91	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 842.46		\$ 868.46	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Loan Repayments (CRO-1420)		\$		\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
16) In-Kind Contributions (CRO-1510)		\$ 250.00		\$ 850.00	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1092.46		\$ 1718.46	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 5659.45		\$ 5659.45	
ADDITIONAL INFORMATION					
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed By the Committee (CRO-1610)		\$			
22) Debts and Obligations owed To the Committee (CRO-1620)		\$			
23) Account Transfers Within the Committee (CRO-1720)		\$			
24) Administrative Support (CRO-1710)		\$		\$	
25) Forgiven Loans (CRO-1440)		\$		\$	
26) 48-Hour Notice Reports Sum		\$		\$	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) Committee to Elect Juanita Gonzalez	2. ID Number Y1YT6E
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) D. Keith Allison 401 Harlow Dr. Fayetteville, NC 28314 910-321-7700	b. Job Title/Profession President/CEO	d. Comments
c. Employer's Name/Specific Field System		e. Election 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		09-17-07	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Janene Aul 163 S. Churchill Dr. Fayetteville, NC 28303 910-321-7700	b. Job Title/Profession General Counsel VP Human Resources	d. Comments
c. Employer's Name/Specific Field System		e. Election Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		09-17-07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Cara Allison 2606 Mirrorlake Dr. Fayetteville, NC 28303 910-321-7700	b. Job Title/Profession IT Administration	d. Comments
c. Employer's Name/Specific Field System		e. Election Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		09-17-07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 800.00

5. Total of ALL CRO-1210 Pages \$ 1300.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Full Name and Fund, if applicable: **Committee to Elect Janice Gonzalez** Fund Number: **Y14T6E**

Contributor Information:
 Name: **Jacqueline Allison**
 Address: **501 Rush Road**
Fayetteville, NC 28305
910-321-9700
 Occupation: **Commercial Broker**
 Employer: **System**
 Contribution Amount: **\$ 200.00**

Paid	Account Code	Form of Payment	Kind/Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1	check		09-17-07	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information:
 Name: **Judith Jarvis**
 Address: **3524 Java Drive**
Fayetteville, NC 2811
910-488-9261
 Occupation: **HomeMaker**
 Employer: **HomeMaker**
 Contribution Amount: **\$ 50.00**

Paid	Account Code	Form of Payment	Kind/Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1	check		09-17-07	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information:
 Name: **Audrey Ray**
 Address: **P.O. Box 134**
Fayetteville, NC 28302
910-229-8547
 Occupation: **Editor**
 Employer: **Rise Newspaper**
 Contribution Amount: **\$ 250.00**

Paid	Account Code	Form of Payment	Kind/Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	01	check	Advertisement	9-18-07	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Total: **\$ 500.00**
 Total for all reports: **\$ 1300**

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

Committee to Elect Juanita Gonzalez

YIYT6E

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)	b. Coordinated Committee Name	d. Comments
SpeediPrint 201 Franklin Street Fayetteville, NC 28302 910-483-2553		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 592.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	09-05-07	\$ 592.46	Printing
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Rise Newspaper P.O. Box 134 Fayetteville, NC 28302 910-229-8547		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	09-13-07	\$ 250.00	AD
				\$	

4. Payee Information Add 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 \$ 842.46

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)
 \$ 842.46

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)

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Security Council		Y1Y T6E
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Audrey Ray P.O. Box 134 Fayetteville, NC 28302 910-229-8547	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 250.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Advertisement in Rise Newspapers	09-18-07	\$ 250.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 250.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>		\$ 250.00