Disclosure Report Cover

Amendment ☐ Yes ☐ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
Wilson Campaign	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
2728 Briarcreek Place Fayetteville NC 28304	10-3-05
	e. Phone Number
	910-868-6663

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	9-01-05	9-30-05	David B Goodyear

6. Type of Committee *(Check one)*

- ☑ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☒ Pre-primary	☐ First Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name	
Omni National Bank	
b. Purpose	**c. Code**
Checking account	1
	d. Period Begin Balance
	$ 8746 79

10. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Code**
	d. Period Begin Balance
	$

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.

David B Goodyear — Printed Name of Signer
David B Goodyear — Signature of Appointed Treasurer
10-03-2005 — Date

RECEIVED OCT 3 - 2005

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____
Date Postmarked: _____ Employee: _____
Date Scanned: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

Detailed Summary

Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Wilson Campaign		

Start of Election Cycle: January 1, 2005		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 8746.79	$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 675.00	$ 3659.00
6) Contributions from Individuals	(CRO-1210)	$ 650.00	$ 6550
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	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
12) "Goods and Services" Contributions	(CRO-1260)	$	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 1325.00	$ 10209
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 8056.24	$ 8193.45
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
14c) Coordinated Party Expenditures	(CRO-1310)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 8056.24	$ 8193.45
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 2015.55	$ 2015.55
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum		$	$

Aggregated Contributions from Individuals

Page 1 of 1 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Wilson Campaign	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	CHECK		9-15-05	$ 100.00
☐ Add ☐ Remove	1	CHECK		9-15-05	$ 100.00
☐ Add ☐ Remove	1	CHECK		9-15-05	$ 50.00
☐ Add ☐ Remove	1	CHECK		9-15-05	$ 50.00
☐ Add ☐ Remove	1	CHECK		9-15-05	$ 25.00
☐ Add ☐ Remove	1	CHECK		9-26-05	$ 100.00
☐ Add ☐ Remove	1	CASH		9-26-05	$ 100.00
☐ Add ☐ Remove	1	CASH		9-26-05	$ 100.00
☐ Add ☐ Remove	1	CHECK		9-29-05	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 675.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 675.00

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Wilson Campaign	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Ole Sorenson 2817 Briarcreek Place Fayetteville NC 28304	RETIRED	Wellman		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9-15-2005	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Larry Jones 1328 Longleaf Drive Fayetteville NC 28305	RETIRED	Bank of America		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9-15-2005	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Kenny Godwin PO Box 53854 Fayetteville NC 28305	SELF-EMPLOYED	General Contractor		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9-26-2005	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 650.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 650.00

Disbursements

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Wilson Campaign	

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Benson Card Company 105 South Wall Street Benson N.C.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	Supplies	9-8-05	$ 401 25
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Benson Card Company 105 South Wall Street Benson NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	Signs	9-8-05	$ 1952 87
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Jerry Wilson 2728 Briarcreek Place Fayetteville NC 28304		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	reimbursement of campaign expenses	9-12-05	$ 300 00
				$

5. Total only this Page $ 2654.12

6. Total of ALL CRO-1310 Pages $ 8056 24

(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)

Disbursements

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Wilson Campaign	

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Chris' Steak House 2620 Raeford Road Fayetteville NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	Gift Certificate M.J Soffee	9-26-05	$ 50.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Fayetteville Observer 458 Whitfield Street Fayetteville NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	Advertising	9-28-05	$ 1338.44
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
William George Printing		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	Check	Supplies	9-29-05	$ 4013.68
				$

5. Total only this Page	$ 5402.12
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)*	$ 8056.24