

COPY

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

Disclosure Report Cover

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
Robinson Committee	N1Y803
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. Box 272 Winston-Salem, 27101	
	e. Phone Number
	336-768-3567

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
	09/13/2005	10/24/2005	Vernon Robinson

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	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	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (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 checked="" 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		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<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	

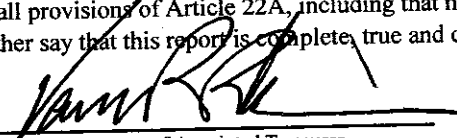
10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB&T			
b. Purpose	c. Code	b. Purpose	c. Code
	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 3,482.45		\$

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.

Vernon Robinson

Printed Name of Signer



Signature of Appointed Treasurer

10/31/2005

Date

FOR OFFICE USE ONLY

Date Received:

10-31-2005

Employee:

Judy Speas

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked:

RECEIVED

Employee:

Date Scanned:

66:4 Hd 10 100 000

Employee:

CRO-1000

NC State Board of Elections

March 2003

RECEIVED
10/31/2005
10:00 AM

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	
Robinson Committee	Pre-Election	N1Y803	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,482.45	\$ 3,482.45
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 3,121.00	\$ 3,376.00
6) Contributions from Individuals (CRO-1210)		\$ 8,150.00	\$ 14,850.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 103.33	\$ 103.33
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 <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 11,373.33	\$ 18,329.33
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 9,920.25	\$ 13,392.80
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)		\$ 103.33	\$ 103.33
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 9,833.58	\$ 13,306.13
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 5,213.20	\$ 5,213.20
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		\$	\$

Contributions from Other Political Committees

Pg 1 of 1

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee				2. ID Number N1Y803	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
3. Contributor Information			b. Type of Committee		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) Southern States Police Benevolent Association 1900 Brannan Road McDonough, GA 30253-4310			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			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:		
					\$ 103.33
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1		Paid for an Ad	10/06/2005	\$ 103.33	
				\$	
				\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
3. Contributor Information			b. Type of Committee		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
3. Contributor Information			b. Type of Committee		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 103.33	
5. Total of ALL CRO-1230 Pages				\$ 103.33	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Robinson Committee		N1Y803	
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	
Southern States Police Benevolent Association 1900 Brannan Road McDonough, GA 30253-4310		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$ 103.33	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid for an Ad in the Winston-Salem Journal		10/06/2005	\$ 103.33
			\$
			\$
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	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
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	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Cycle Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 103.33	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 103.33	

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robinson Committee					N1Y803	
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	1	check		09/22/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/23/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/23/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/13/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/16/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/19/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/21/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/26/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/26/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/27/2005	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/27/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/26/2005	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/27/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/28/2005	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/28/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/05/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/04/2005	\$	99.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/04/2005	\$	99.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	65.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	99.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	99.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/03/2005	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	1,681.00
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robinson Committee					N1Y803	
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	1	check		10/07/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/06/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/03/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/07/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/08/2006	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/05/2005	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/07/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/04/2005	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/03/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/03/2005	\$	100.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/04/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/27/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/30/2005	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/29/2005	\$	75.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/30/2005	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/01/2005	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/30/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	cash		09/30/2005	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		09/30/2005	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/01/2005	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	check		10/02/2005	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	1,190.00
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee						2. ID Number N1Y803	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bruce Hubbard 214 Roslyn Road Winston-Salem, NC 27104				b. Job Title/Profession Co-Owner		d. Comments	
				c. Employer's Name/Specific Field Hubbard Realty		e. Election Cycle Sum to Date \$ 1,000.00	
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		09/13/2005	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lucille Kimel 3181 Burke Mill Road Winston-Salem, NC 27103				b. Job Title/Profession retired		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 600.00	
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		09/21/2005	\$ 500.00		
<input type="checkbox"/>	1	check		10/05/2005	\$ 100.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ashraf A. Ali 1852 N. Winds Dr. Winston-Salem, NC 27127-4607				b. Job Title/Profession convenience store		d. Comments	
				c. Employer's Name/Specific Field self-employed		e. Election Cycle 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		09/23/2005	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,800.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee						2. ID Number N1Y803	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) J. Thomas Bowman 1000 Coffey Ave. North Wilkesboro, NC 28659				b. Job Title/Profession Doctor		d. Comments	
				c. Employer's Name/Specific Field Self-Employed		e. Election Cycle Sum to Date \$ 300.00	
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		09/23/2005	\$	300.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Julio Dibbi 1569 Sharon Rd. Winston-Salem, NC 27103				b. Job Title/Profession Accountant		d. Comments	
				c. Employer's Name/Specific Field Self-Employed		e. Election Cycle Sum to Date \$ 300.00	
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		09/23/2005	\$	300.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Victor Flow, Jr. 138 S. Cherry St, suite 300 Winston-Salem, NC 27101				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Flow Motors		e. Election Cycle 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		09/29/2005	\$	200.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 800.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee						2. ID Number N1Y803	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas J. Keith 3450 Fraternity Church Rd. Winston-Salem, NC 27127-8722				b. Job Title/Profession District Attorney		d. Comments	
				c. Employer's Name/Specific Field State-Employed		e. Election Cycle Sum to Date \$ 500.00	
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		09/29/2005	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Christopher Parr 3614 Camden Falls Cir. Greensboro, NC 27410-2192				b. Job Title/Profession Construction		d. Comments	
				c. Employer's Name/Specific Field Self-Employed		e. Election Cycle Sum to Date \$ 4,000.00	
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		10/04/2005	\$ 4,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Watson 585 Browning Pl. Winston-Salem, NC 27103-5243				b. Job Title/Profession CEO		d. Comments	
				c. Employer's Name/Specific Field Landura, Inc		e. Election Cycle 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		10/10/2005	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 4,700.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Robinson Committee						2. ID Number N1Y803	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) William Longyard 2913 Bradenton Dr. Winston-Salem, NC 27103-5706				b. Job Title/Profession Instructor		d. Comments	
				c. Employer's Name/Specific Field Forsyth Tech		e. Election Cycle 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		10/20/2005	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Don Angell PO Box 1670 Clemmons, NC 27102				b. Job Title/Profession Owner		d. Comments	
				c. Employer's Name/Specific Field Angell Group		e. Election Cycle Sum to Date \$ 250.00	
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		10/17/2005	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Shelton 5659 Fox Glen Trail Lewisville, NC 27023				b. Job Title/Profession Owner		d. Comments	
				c. Employer's Name/Specific Field Fence Builders		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		10/06/2005	\$ 400.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 850.00	
5. Total of ALL CRO-1210 Pages						\$ 8,150.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee				2. ID Number N1Y803	
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) Global Printing Solutions 3800 Reynolda Road, Suite 230 Winston-Salem, NC 27106			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 290.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	Payment, printing	09/24/2005	\$ 290.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) UPS 1959 N Peace Haven Rd, WINSTON SALEM, NC 27106			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 76.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	mailing	09/23/2005	\$ 76.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Party City 310 Stratford Road Winston-Salem, NC 27104			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 86.43
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	supplies	10/02/2005	\$ 86.43	
				\$	
5. Total only this Page				\$ 452.43	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee				2. ID Number N1Y803	
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) Joy-Maria Lee P.O. Box 156 Hamilton, NC 27840			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$ 2,860.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	Campaign Management	09/19/2005	\$ 250.00	
1	check	campaign management	09/26/2005	\$ 250.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joy-Maria Lee P.O. Box 156 Hamilton, NC 27840			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$ 3,360.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	Expense	09/26/2005	\$ 62.01	
1	check	Campaign Management	10/03/2005	\$ 250.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joy-Maria Lee P.O. Box 156 Hamilton, NC 27840			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$ 3,672.01
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	Expenses	10/03/2005	\$ 53.96	
1	check	Campaign Management	10/10/2005	\$ 250.00	
5. Total only this Page				\$ 1,115.97	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$	

Disbursements

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Robinson Committee					2. ID Number N1Y803	
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) Sprint 266 South Stratford Road Winston-Salem, NC 27104			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
					\$ 193.57	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	phone bill	09/16/2005	\$ 193.57		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Postmaster Hanes Mall Station 3320 Silas Creek Pkwy Winston-Salem, NC 27104			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
					\$ 740.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Stamps	09/21/2005	\$ 740.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alphagraphix 4500 Indiana Ave. Winston-Salem, NC 27105			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
					\$ 1,987.26	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Invitation Printing	09/21/2005	\$ 1,987.26		
				\$		
5. Total only this Page					\$ 2,920.83	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$	

Disbursements

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

1. Committee Full Name (and Fund if applicable) Robinson Committee				2. ID Number N1Y803	
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) Office Depot 1235 Silas Creek Pkwy Winston-Salem, NC 27127			b. Coordinated Committee Name		d. Comments
			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:		\$ 52.70
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	office supplies	10/09/2005	\$ 52.70	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Visual Aids 1020 Brookstown Ave. Winston-Salem, NC 27101			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 checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 219.35
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	rental	10/08/2005	\$ 219.35	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sawtooth Center 226 N. Marshall st. Winston-Salem, NC 27101			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 checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 450.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	check	room rental	10/08/2005	\$ 450.00	
				\$	
5. Total only this Page				\$ 722.05	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robinson Committee					N1Y803	
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	
Meta's Restaurant 102 W. 3rd St. Winston-Salem, NC 27101			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:			
					\$ 749.20	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Party catering	10/08/2005	\$ 749.20		
				\$		
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	
Gate City Printing 2407 Greengate Dr. Greensboro, NC 27406			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 1,445.57	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Printing	10/17/2005	\$ 1,445.57		
				\$		
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	
Joy-Maria Lee P.O. Box 156 Hamilton, NC 27840			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:			
					\$ 3,672.01	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Campaign Management	10/24/2005	\$ 250.00		
1	check	Expenses	10/24/2005	\$ 60.00		
5. Total only this Page					\$ 2,504.77	
6. Total of ALL CRO-1310 Pages					\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Robinson Committee					N1Y803	
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	
Wooten Graphics P.O. Drawer 819 Welcome, NC 27374			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:			
					\$ 2,204.20	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1	check	Printing	10/18/2005	\$ 2,204.20		
				\$		
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					\$ 2,204.20	
6. Total of ALL CRO-1310 Pages					\$ 9,920.25	
<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>						

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Vernon Robinson
 Committee Robinson Committee
 Address PO Box 272
 Winston-Salem, NC 27102

FROM: Campaign Finance Office

REPORT IN QUESTION:
2005 Pre-election

DATE: 11/01/2005

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- The depository information was not listed on the Political Committee Disclosure Report.
- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

- Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____
_____ on _____
_____ on _____
_____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- OTHER CRO-1100 - Review and correct all mathematical computations for correctness.

Please send your reply to : Judy J. Speas 201 N. Chestnut Street, Winston-Salem, NC 27101
If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE: