

Amendment

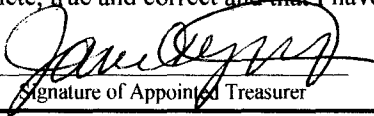
 Yes

No

Disclosure Report Cover

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		c. ID Number	
Carmany for Council		L9YHK7	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1504 Larson St. Greensboro, NC 27407		10/23/2007	
		e. Phone Number	
		336-454-4296	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	9/25/2007	10/22/2007	Janet M. Wright
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		Referendum	
		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wachovia Bank		Wachovia Bank	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	12049		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 5679.13		\$
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).			
Janet M. Wright			
Printed Name of Signer		Signature of Appointed Treasurer	
		10/24/07	
		Date	
FOR OFFICE USE ONLY			
Date Received:	RECEIVED	Employee:	Delivery Method
Date Postmarked:	OCT 26 2007	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:	GUILFORD COUNTY	Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	BOARD of ELECTIONS	Employee:	<input 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.			

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report		2. ID Number	
Carmany for Council	Pre-election		L9YHK7	
Start of Election Cycle: January 1,	2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 5679.13	\$ 2682.13
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 290.00	\$ 820.00
6) Contributions from Individuals	(CRO-1210)		\$ 450.00	\$ 3150.00
7) Contributions from Political Party Committees	(CRO-1220)		\$	\$
8) Contributions from Other Political Committees	(CRO-1230)		\$ 500.00	\$ 500.00
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 <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			\$ 1240.00	\$ 4470.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 1042.90	\$ 1275.90
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)		\$	\$
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			\$ 1042.9	\$ 1275.90
18) Cash on Hand at End <i>(Add lines 1 and 12 together, then subtract line 17)</i>			\$ 5876.23	\$ 5876.23
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

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)				2. ID Number	
Carmany for Council					
3. Contributor Information <input checked="" type="checkbox"/>				Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
E.S. Melvin 106 Willoughby Blvd Greensboro, NC 27408		President			
		c. Employer's Name/Specific Field			
		Bryan Foundation			
				e. Election 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"/>	12049	Check		10/05/2007	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/>				Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lillian B. Lovings 111 S. Elam St. Greensboro, NC 27403		Retired			
		c. Employer's Name/Specific Field			
				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"/>	12049	Check		09/25/2007	\$ 100.00
<input type="checkbox"/>	12049	Check		10/10/2007	\$ 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)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election 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"/>					\$
4. Total only this Page				\$ 450.00	
5. Total of ALL CRO-1210 Pages				\$ 450.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

Amendment

Pg 1 of ___ 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
Carmany for Council					L9YHK7
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
PIP Printing					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
12049	Check	B	10/1/2007	\$607.26	Mailer sent 10-2-07 to D5 voters
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
US Postmaster					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
12049	Check	I	10/1/2007	\$255.64	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Alt Media					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 320.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
12049	Check	A	10/19/2007	\$180.00	Ad on GSO 101
				\$	
5. Total only this Page					\$ 1042.90
6. Total of ALL CRO-1310 Pages					\$ 1042.90
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	

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

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Carmany for Council				L9YHK7	
3. Contributor Information <input checked="" type="checkbox"/>				Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC Realtors PAC 4511 Waybridge Lane Greensboro, NC 27407		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
12049	Check		10/04/2007	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/>				Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<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	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/>				Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<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				\$ 500.00	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 500.00	