Amendment

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

Committee Information Full Name	A STATE OF		e. ID !	Nomber
COMMITTEE TO ELEC	T DOUG	WRIGHT		
Mailting Address (Include City, State and Zip Co		00/210111	d. Dut	e Filed
3 OSAGE PLACE				06/29/08
DURHAM, NC 2	27712		e. Pho	me Number
DUKHAM, NC	21112		(916	1)471-2711
Report Vent 3, Period Start Date imp	(6t/v) 4. Period	End Date (mm/dd/yy)	5. Treasurer Ful	l Name
2008 04/26/08	06	30/08	ALANI A	10RRIS
Type of Committee (Check One)		port (check only one	L. F. Carrier W.	
Candidate Campaign Party	Municipal	State/County	Refer	endum
Joint Fundraiser PAC Referendum Legal Expense F	Organization Thirty-five d			Organizational Pre-referendum
Type of Fund (Vapplicable, check one)	Pre-primary	☐ First		inal
Booster Fund"	Pre-election	Seed Seed		Supplemental Final Annual
Building Fund NC Political Party Financing Fund	Pre-runoff Semi-annual	Thir		Special
Presidential Election Year Candidates Fund	☐ Mid Ye			
NC Public Campaign Financing Fund	Year Ea		Year 10.5	special Report Name
Other: Number of Fundrulsers this Report	Final Special	Final	r end	
Troublet in Carrie more state account		Special		
1. Account information				
Financial Institution Full Name				RECEIVE
SUN TRUST				NECEIVE
Purpose	was Never	e. Account Code	W- 10 W/II	JUN 3 0 2001
19				DUBHAM COLL
AMPAILM ACCOU	NT	d. Period Begin Balance	ne z la	DURHAM COU BOARD OF ELECTI
CAMPAIGN ACCOU	NT			
	NT	d. Period Begin Halane \$ 950.95		
CERTIFICATION	WHO CALL	\$ 950.95	S	BOARD OF ELECTI
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes	n compliance with	\$ 950.95	ons of Article 22A prohibited or othe	BOARD OF ELECTI , 22B & 22D-22M of r undisclosed funds. I
CERTIFICATION I certify that the Committee or Fund is in	n compliance with	\$ 950.95	ons of Article 22A prohibited or othe	BOARD OF ELECTI , 22B & 22D-22M of r undisclosed funds. I
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes	n compliance with	\$ 950.95	ons of Article 22A prohibited or othe	BOARD OF ELECTI , 22B & 22D-22M of r undisclosed funds. I
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MOZPUS Printed Name of Signer	n compliance with and that no funds e, true and correct	\$ 950.95	ons of Article 22A prohibited or othe trained by the NC	, 22B & 22D-22M of r undisclosed funds. I State Board of Elections
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MORTELS	n compliance with and that no funds e, true and correct	\$ 950.95 all applicable provisi are commingled with and that I have been the E. A. Du ignature of Appointed Tree	ons of Article 22A prohibited or othe trained by the NC	BOARD OF ELECTION 22B & 22D-22M of rundisclosed funds. I State Board of Elections 6/29/08 Date
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MOZPUS Printed Name of Signer	n compliance with and that no funds e, true and correct	\$ 950.95 all applicable provisi are commingled with and that I have been the E. A. Du ignature of Appointed Tree	ons of Article 22A prohibited or othe trained by the NC	, 22B & 22D-22M of r undisclosed funds. I State Board of Elections
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MORPUS Printed Name of Signer OR OFFICE USE ONLY Date Received:	n compliance with and that no funds e, true and correct	\$ 950.95 all applicable provision are commingled with and that I have been the E. A. D. Granture of Appointed Treations over the control of t	ons of Article 22A prohibited or othe trained by the NC asurer Delivery Reg	BOARD OF ELECTION 22B & 22D-22M of rundisclosed funds. I State Board of Elections 6/29/08 Method mal Mail istered Mail
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MORPUS Printed Name of Signer OR OFFICE USE ONLY	n compliance with and that no funds e, true and correct	\$ 950.95 all applicable provision are commingled with and that I have been the E. A. D. Granture of Appointed Treations over the control of t	ons of Article 22A prohibited or othe trained by the NC asurer Delivery Reg Han	BOARD OF ELECTION 22B & 22D-22M of rundisclosed funds. I State Board of Elections 6/29/08 Method mal Mail istered Mail d Delivered
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MORPUS Printed Name of Signer OR OFFICE USE ONLY Date Received:	e, true and correct Empl	\$ 950.95 all applicable provision are commingled with and that I have been the E. A. D. Granture of Appointed Treations over the control of t	ons of Article 22A prohibited or othe trained by the NC asurer Delivery Reg Han	BOARD OF ELECTION 22B & 22D-22M of rundisclosed funds. I State Board of Elections 6/29/08 Method mal Mail istered Mail
CERTIFICATION I certify that the Committee or Fund is in Chapter 163 of the NC General Statutes further certify that this report is completed ALAN MORTELS Printed Name of Signer OR OFFICE USE ONLY Date Received:	Empl Empl	\$ 950.95 all applicable provision are commingled with and that I have been the E. A. Designature of Appointed Treatment of the control of the	ons of Article 22A prohibited or othe trained by the NC Belivery Non Reg Han Elec	BOARD OF ELECTION 22B & 22D-22M of rundisclosed funds. I State Board of Elections 6/29/08 Method mal Mail istered Mail d Delivered

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and I. Committee Full Name (and Fund if applicable)	to total mor		mation [3-1	D Number	
COMMITTEE TO ELECT DOUG WEIGHT				Distance	
COMMITTEE TO CARE DOOR OFFICE	JECOND	CJ UATIC	tal this	Total	al this
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Election Cycle	
4) Cash on Hand at Start		\$ 95	50.95	\$ (>
RECEIPTS	E H				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$ 34	D.66
6) Contributions from Individuals	(CRO-1210)	\$		\$ 141	0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$ 5	00.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources		1			
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c and 11d)	\$.	0	s 2	250.00
EXPENDITURES	B 8 10			no or	H T-AL
13) Disbursements				Y ST	
13a) Operating Expenditures	(CRO-1310)	\$ 9	150.95	\$ 2	250,00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	DEC	EIVER	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	nec	21AFT	,
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	JUN 3	9 2008	
15) Loan Repayments	(CRO-1420)	\$	DURHAN		FV
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$		ÉLECTIO	7 7 2
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	150.95	\$ 2	250.00
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18	\$	0	\$	-
ADDITIONAL INFORMATION		WIE II			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			7
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)	\$		LIX 7	
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$ 5	00.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	
CRO-1100 NC State Box	rd of Elections	5			December 2007

 Type of Dis Operating Ex 	openses Con	CT DO UC use reparate C tributions to Candid	RO-1370 fo lates/Political	gms for co Committees			Expenditures
4. Payee Infor	Maritima Addison & Dis	one	lk.	The same of	Remove d Committee Nam	d. Com	ments
(Include city, stat WPTF CURTIS 3012	LESS THE REPORT OF COUNTY OF THE PROPERTY OF THE	119)790-93 UP BLUD #	e	Level Regin Pederal State	tered (Specify) County: Municipa	ality: e, Elect	tion Sum to Date
f. Account Code	g. Form of Payment	h, Purpose Code	t. Dute (mn	1		k. Required	Name and Address of the Owner o
	CHECK 501	A	04/28	2008	\$ 106,25	ADVE	atisine-1
					\$		
4. Payee Infor				-	Remove d Committee Nam	e d. Con	monts
in. Full Name, Ma (include city, s	ailing Address & Phone tate, & zip)		В.	Continuate	a Committee Nam	e u. con	minute
MINIT	K RADIO W. 5th ST ON-SALEM, 1	VC 2710	1	State	Municip		272 A
875 WINST (376	E Form of Payment	h. Purpose Code	L Date (mn	v/dd/yyyy)	j. Amount	S k. Required	372.00
MINIT	6N-SALGM, 1) 777-3900		L Date (mn	v/dd/yyyy)		S k. Required	372.00
WINST (376 E. Account Code	E Form of Payment CHECK 502		04/28	/2008	j. Amount	S k. Required	372.00
L Account Code 4. Payee Info	E Form of Payment CHECK 502		64/28	vdd/yyyy) Zoo8	J. Amount \$ 372.00 \$	S In Required ADVEA	372.00 Remarks TISING-P
L Account Code 4. Payee Info n. Full Name, M. (Include city, s	E. Form of Payment CHECK- 502 rmation alling Address & Phone state, & zip)	h. Parpose Code	64/28	dd Coordinate	J. Amount \$ 372.00 \$ Remove d Committee Name	S In Required ADVEA	372 .00 Remarks TISING-F
L Account Code 4. Payee Info n. Full Name, M. (Include city, s	E. Form of Payment CHECK- 502 rmation alling Address & Phone state, & zip)	h. Parpose Code	64/28	dd Coordinate Level Regin	J. Amount \$ 372.00 \$ Remove d Committee Num stered (Specify) County:	k. Required ADVEAL	372.00 Remarks TISING-R
L Account Code 4. Payee Info n. Full Name, M. (Include city, s	E Form of Payment CHECK 502	h. Parpose Code	64/28	ddCoordinate	J. Amount \$ 372.00 \$ Remove d Committee Numeror (Specify)	S It. Required ADVEAL de d. Con ality: e. Elec	372.00 Remarks TISING-P unents
J. Payee Info 4. Payee Info 6. Full Name, M (Include city, s HERALL DUR HA	E Form of Payment CHECK 502 The state of th	A A A A A A A A A A A A A A A A A A A	04/28	Zoo8 Coordinate Level Regir Federal State	J. Amount \$ 372.00 \$ Remove d Committee Num tered (Specify) County:	k. Required ADVEAL	372.00 Remarks TISING-R ments tion Sum to Date 454.5
J. Account Code 4. Payee Info n. Foll Name, M. (Include city, s HERALL DUP HA	E. Form of Payment CHECK 502 That I all the state of the	h. Purpose Code A h. Purpose Code	6. Dute (mm	Zoo8 Coordinate Level Regin Federal State	J. Amount \$ 372.00 \$ Remove d Committee Num tered (Specify) County:	k. Required ADVEAL ality: e. Elec	372.00 Remarks TISING-P ments tion Sum to Date 454.5
J. Account Code 4. Payee Info n. Foll Name, M. (Include city, s HERALL DUP HA	E Form of Payment CHECK 502 The state of th	A A A A A A A A A A A A A A A A A A A	6. Dute (mm	Zoo8 Coordinate Level Regin Federal State	J. Amount \$ 372.00 \$ Remove d Committee Num tered (Specify) County:	k. Required ADVEAL ality: e. Elec	372.00 Remarks TISING-P unents tion Sum to Date 454.5
E. Account Code 4. Payer Info n. Full Name, M. (Include city, s HERALL DUR HA F. Account Code ALNO 2002	E Form of Payment CHECK 502 TMALION AUTHOR OF PAYMENT CHECK 502 S. Form of Payment CHECK CAPD	h. Purpose Code A h. Purpose Code	6. Dute (mm	Zoo8 Coordinate Level Regin Federal State	J. Amount \$ 372.00 \$ Remove d Committee Num tered (Specify) County:	S Ic. Required ADVEAL ality: e. Elec S Ic. Required DISTLA	372.00 Remarks TISING-P ments tion Sum to Date 454.5 I Remarks y AD-ADVi
d. Payee Info d. Payee Info n. Foll Name, M. (Include city, s HERAU DUR HA f. Account Code LN0010 S. Pottigosiy	E Form of Payment CHECK 502 TMALION AUTHOR OF PAYMENT CHECK 502 S. Form of Payment CHECK CAPD	h. Purpose Code A h. Purpose Code	6. Dute (mm	Zoo8 Coordinate Level Regin Federal State	J. Amount \$ 372.00 \$ Remove d Committee Num tered (Specify) County:	k. Required ADVEAL ality: e. Elec	372.00 Remarks TISING-F aments tion Sum to Date 454.5

- Am		
Disbursements $P_g = \frac{2}{100}$ of $\frac{2}{100}$	Yes 🗵	1 No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures TO ELECT WRIGHT COMMITTEE . Type of Disbu Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Remove Add d. Comments b. Coordinated Committee Name p. Full Name, Mailing Address & Phone Include city, state, & zip) ALAN MORRIS c. Level Registered (Specify) Federal County: 8 ADDISON CT Municipality: e. Election Sum to Date State DURHAM, NC 27712 18.14 k. Required Remarks i. Date (mm/dd/yyyy) J. Amount Account Code | g. Form of Payment PAPER, HEINTING, SUPPLIES 18.14 CHECK 563 ß Remove 4. Payee information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date k. Required Remarks h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount L Account Code g. Form of Payment Add Remove L Payee Informs b. Coordinated Committee Name 6. Comments s. Full Name, Mailing Address & Phone (include city), sta c. Level Registered (Specify) JUN 3 0 2008 Federal County: e. Election Sum to Date Municipality: ☐ State DURHAM COUNTY BOARD OF ELECTIONS k. Required Remarks h. Purpose Code i, Date (mm/dd/yyyy) j. Amount L Account Code g. Form of Payment 18.14 5. Total only this Page \$ Total of ALL CRO-1316 Pt (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 950.95 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Cor 8 (List detailed expenditure code in (b.) above) B* - Printing C* - Fundralsing D - To Another Candidate A* - Media

H* - Holding Public Office Expenses F* - Equipment G - Political Party E - Salaries O* - Other - Postage J - Penalties K* - Office Expenses



North Carolina State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY: Committee Name:	COMMITTEE TO ELECT DOUG WRIGHT
Treasurer Name:	ALAN MORRIS
Treasurer Address:	8 ADDISON CT
(include city, state, & zip)	DURHAM, NC 27712
-	
11:2	
Treasurer Phone:	(919) 471-7059

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

9/18/08 Date Signed

Signature /

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.