

# 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 <b>WHITEHEART COMMITTEE</b>		c. ID Number <b>8CQ 402</b>	
b. Mailing Address (include City, State and Zip Code) <b>POB 40 LEWISVILLE NC 27023</b>		d. Date Filed <b>07092010</b>	
		e. Phone Number <b>817-1555</b>	
2. Report Year <b>2010</b>	3. Period Start Date (mm/dd/yy) <b>02252010</b>	4. Period End Date (mm/dd/yy) <b>06302010</b>	5. Treasurer Full Name <b>Wm. H. Whiteheart</b>
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 type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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	
		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>Southern Community Bank</b>		a. Financial Institution Full Name	
b. Purpose <b>DEPOSIT AND DISTRIBUTE CAMPAIGN FUNDS</b>	c. Account Code <b>[REDACTED]</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ ZERO</b>		d. Period Begin Balance <b>\$</b>
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<b>Wm. H. Whiteheart</b>			<b>07092010</b>
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received: <b>7/9/10</b>	Employee: <b>Judy Spear</b>	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:	Employee:		
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.			

**COPY**

# 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	3. ID Number
WHITEHART COMMITTEE	2 <sup>ND</sup> QT	8CQ402
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ ZERO	\$ ZERO
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 51,191.00	\$ 51,191.00
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)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 51,191.00	\$ 51,191.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 25,430.10	\$ 25,430.10
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 25,430.10	\$ 25,430.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 25,760.90	\$ 25,760.90
<b>ADDITIONAL INFORMATION</b>		
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 (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

**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	
WHITEHEART COMMITTEE						8CQ 402	
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	
Wm. H. WHITEHEART POB 40 LEWISVILLE, NC 27023				BUSINESS OPERATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 191 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	[REDACTED]	✓ # 1151	FILING FEE	02252010	\$ 191 <sup>00</sup>		
<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)				b. Job Title/Profession		d. Comments	
Wm. H. WHITEHEART POB 40 LEWISVILLE NC 27023				BUSINESS OPERATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 1,191 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	[REDACTED]	✓ # 1152		02252010	\$ 1,000 <sup>00</sup>		
<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)				b. Job Title/Profession		d. Comments	
Wm. H. WHITEHEART POB 40 LEWISVILLE, NC 27023				BUSINESS OPERATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 51,191 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	[REDACTED]	✓ # 1156		04182010	\$ 50,000 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 51,191.00	
5. Total of ALL CRO-1210 Pages						\$ 51,191.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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**Disbursements**

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

a. Committee Full Name (and fund if applicable) <b>WHITHEART COMMITTEE</b>		b. ID Number <b>BCQ402</b>
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c. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

d. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		e. Coordinated Committee Name		f. Comments	
g. Full Name, Mailing Address & Phone (include city, state, & zip) <b>FORSYTH COUNTY BOE</b>		h. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Election Sum to Date <b>\$ 191.00</b>	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[REDACTED]	<b>V# 1151</b>	<b>0</b>	<b>02252010</b>	<b>\$ 191.00</b>	
				\$	

d. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		e. Coordinated Committee Name		f. Comments	
g. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WOODEN GRAPHICS 172 HINKLE ROAD WELCOM, NC 27374</b>		h. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Election Sum to Date <b>\$ 894.33</b>	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[REDACTED]	<b>V# 001</b>	<b>B</b>	<b>03252010</b>	<b>\$ 894.33</b>	
				\$	

d. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		e. Coordinated Committee Name		f. Comments	
g. Full Name, Mailing Address & Phone (include city, state, & zip) <b>POSTMARK, INC 390 CASSELL ST. W. SALEM, NC 27107</b>		h. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Election Sum to Date <b>\$ 1,587.99</b>	

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[REDACTED]	<b>V# 002</b>	<b>I</b>	<b>04192010</b>	<b>\$ 1,587.99</b>	
				\$	

Total only this page **\$ 2,973.32**

Total of ALL CRO-1310 Pages  
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (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)  
**\$ 2,973.32**

j. Purpose Codes (Disbursed Expenditure Code in Detail)			
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



**Disbursements**

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) <b>WHITEHEART COMMITTEE</b>					2. ID Number <b>8CQ402</b>	
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)						
<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		c. Comments
<b>BYRON NELSON 4825 COMMERCIAL PLAZA SUITE A27 W-SALEM, NC 27104</b>						
				Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Election Sum to Date		\$ <u>1,000.00</u>
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks	
	V# 003	E	04222010	\$ 1,000.00		
				\$		
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		c. Comments
<b>WILLIAMS PRINTING, INC. POB 1166 KING, NC 27021</b>						
				Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Election Sum to Date		\$ <u>1,278.10</u>
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks	
	V# 004	B	04222010	\$ 1,278.10		
				\$		
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		c. Comments
<b>CLEMMONS COURIER POB 765 CLEMMONS, NC 27012</b>						
				Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Election Sum to Date		\$ <u>362.25</u>
Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks	
	V# 005	A	04222010	\$ 362.25		
				\$		
5. Total on this Page					\$ <u>2,640.35</u>	
6. Total of ALL CRO-1100 Pages					\$ <u>5,613.67</u>	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(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 Codes (Use additional expenditure record if appropriate)						
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 Expense     O* - Other						
*Codes require detailed explanation in required remarks field (if applicable)						

**COPY**

**Disbursements**

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 fundal applicable)		2. ID Number
WHITEHEART COMMITTEE		8CQ402

3. Type of Disbursement (Please use separate CRO-1100 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)

KERNERSVILLE NEWS

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)

Federal     County:     State     Municipality:

e. Election Sum to Date

\$ 1,105.<sup>00</sup>

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	V#006	A	04232010	\$1,105. <sup>00</sup>	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

BETH PERDUE  
457 C. HINKLE  
WELCOME, NC 27374

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)

Federal     County:     State     Municipality:

e. Election Sum to Date

\$ 740.<sup>00</sup>

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	V#007	E	04262010	\$740. <sup>00</sup>	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

DEBBIE'S STAFFING  
4431 N. CHERRY ST.-STE#50  
W-SALEM, NC 27105

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)

Federal     County:     State     Municipality:

e. Election Sum to Date

\$ 252.<sup>00</sup>

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	V#008	E	04262010	\$252. <sup>00</sup>	
				\$	

5. Total on this Page \$ 1,597.<sup>00</sup>

6. Total of ALL CRO-1100 Pages \$ 7,210.<sup>67</sup>

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (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 Codes (For detailed explanation and required remarks field (R))

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 Expense	O* - Other

**COPY**

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): **WHITEHEART COMMITTEE** ID Number: **8CQ402**

2. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state & zip):  
**POSTMARK, INC.**  
**390 CASSELL ST.**  
**W-SALEM, NC 27107**

b. Coordinated Committee Name: \_\_\_\_\_

c. Level Registered (Specify):  
 Federal  County:  
 State  Municipality:

d. Comments: \_\_\_\_\_

e. Election Sum to Date: **\$ 3,957.32**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	V#009	I	04262010	\$ 2,069.33	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state & zip):  
**CLEMMONS COURIER**  
**POB 765**  
**CLEMMONS NC 27012**

b. Coordinated Committee Name: \_\_\_\_\_

c. Level Registered (Specify):  
 Federal  County:  
 State  Municipality:

d. Comments: \_\_\_\_\_

e. Election Sum to Date: **\$ 1,724.50**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	V#1026	A	04292010	\$ 362.25	
				\$	

5. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state & zip):  
**BYRON NELSON**  
**4805 COMMERCIAL PLAZA**  
**SUITE A27**  
**W-SALEM, NC 27104**

b. Coordinated Committee Name: \_\_\_\_\_

c. Level Registered (Specify):  
 Federal  County:  
 State  Municipality:

d. Comments: \_\_\_\_\_

e. Election Sum to Date: **\$ 1,750.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
[REDACTED]	#1001	B	05052010	\$ 750.00	
				\$	

6. Total only this Page: **\$ 3,181.58**

7. Total of ALL CRO-1310 Pages: **\$ 10,392.25**

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (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)

8. Purpose Codes (as defined by procedure used in 2. above)

A* - Media	B* - Printing	C - Fundraising	D - To Anger Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

9. Codes require detailed explanation in required remarks field (s)

**COPY**

**Disbursements**

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) **WHITEHEART COMMITTEE** ID Number **8C9402**

2. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

3. Payee Information  Add  Remove  
 a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**BETH PERDUE**  
**457 E. HINALE**  
**WELLSVILLE, NC 27374**  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:  
 d. Election Sum to Date  
**\$ 580.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
	V#1002	E	05052010	\$340.00	
				\$	

3. Payee Information  Add  Remove  
 a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**CREATIVE DESIGN**  
**6025 HOLDER ROAD**  
**CLEMMONS, NC 27012**  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:  
 d. Election Sum to Date  
**\$ 375.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
	V#1003	B	05052010	\$375.00	
				\$	

3. Payee Information  Add  Remove  
 a. Full Name, Mailing Address & Phone (include city, state, & zip)  
~~CREATIVE DESIGN~~  
**BYRON NELSON**  
**4875 COMMERCIAL PLAZA**  
**SUITE A27**  
**W-SALEM, NC 27104**  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:  
 d. Election Sum to Date  
**\$12,750.00**  
**\$2,000.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
	V#1004	B	05242010	\$1,000.00	
				\$	

4. Totals on this Page **\$ 1,715.00**  
 Total of All CRO-1100 Pages  
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (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)  
**\$ 12,107.25**

5. Purpose Codes (Use fractional expenditure code if applicable)  
 A - Media      B\* - Printing      C - Fundraising      D - To Another Candidate  
 E - Salaries      F\* - Equipment      G - Political Party      H\* - Holding Public Office Expenses  
 L - Postage      J - Penalties      K\* - Office Expenses      O\* - Other





**Disbursements**

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) **WHITEHEAD COMMITTEE** 2. ID Number **8CQ402**

3. Type of Disbursement (Please use separate CRO-1100 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)  
**WOODEN GRAPHICS**  
**172 HINKLE ROAD**  
**WELCOME, NC 27374**

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

e. Election Sum to Date  
**\$ 1,691.68**

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
[REDACTED]	V#1005	B	05252010	\$ 797.35	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address, & Phone (include city, state, & zip)  
**DON KIRK**  
**2100 FACULTY DR.**  
**N-SALEM, NC 27106**

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

e. Election Sum to Date  
**\$ 250.00**

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
[REDACTED]	V#1006	A	06142010	\$ 250.00	
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address, & Phone (include city, state, & zip)  
**WSJS**  
**875 W. 5TH ST.**  
**W-SALEM, NC 27101**

b. Coordinated Committee Name

c. Comments

d. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

e. Election Sum to Date  
**\$ 1400.00**

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
[REDACTED]	V#1007	A	06142010	\$ 1400.00	
				\$	

5. Total on this Page **\$ 2,447.35**

6. Total of ALL CRO-1100 Pages **\$ 14,554.60**

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (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 Codes (List detailed expenditure code in field (a))

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

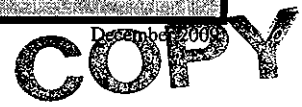
Codes require detailed explanation in required remarks field (f)



**Disbursements**

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) <b>WHITEHEART COMMITTEE</b>						2. ID Number <b>8CQ 402</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <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>POSTMARK, INC 390 PASSELL ST. W. SALEM, NC 27107</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 5,332.82</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>#1008</b>	<b>I</b>	<b>06/14/2010</b>	<b>\$ 1375.50</b>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>TRISK BINKLEY CREATIVE DESIGN 6025 HOLDER ROAD CLEMONS NC 27112</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 475.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>#1009</b>	<b>B</b>	<b>06/14/2010</b>	<b>\$ 100.00</b>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SEAN CRAIG 4825 COMMERCIAL PLAZA SUITE 207 W-SALEM, NC 27104</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 100.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>#1010</b>	<b>E</b>	<b>06/14/2010</b>	<b>\$ 100.00</b>			
5. Total only this Page						<b>\$ 1,575.50</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						<b>\$ 16,130.10</b>	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



**Disbursements**

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) <b>WHITEHEART COMMITTEE</b>						2. ID Number <b>8CQ 402</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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>TCV MEDIA</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>300.<sup>00</sup></b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>✓ #1011</b>	<b>A</b>	<b>06/14/2010</b>	<b>\$ 300.<sup>00</sup></b>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>CLEAR CHANNEL RADIO 2-B PAI PARK GREENSBORO, NC 27409</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>700.<sup>00</sup></b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>✓ #1012</b>	<b>A</b>	<b>06/14/2010</b>	<b>\$ 1700.00</b>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WILLIAMS PRINTING POB 1166 KING, NC 27021</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>1,878.10</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>✓ #1013</b>	<b>B</b>	<b>06/14/2010</b>	<b>\$ 600.00</b>			
5. Total only this Page						\$ <b>1,600.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						\$ <b>17,730.10</b>	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

**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) <b>WHITEHEART COMMITTEE</b>						2. ID Number <b>8CQ 402</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input 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>BYRON NELSON 4825 COMMERCIAL PIZZA SUITE A 27 W-SALEM, NC 27104</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$2,950.00</b> <del>\$1,950.00</del>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>V#1014</b>	<b>E</b>	<b>06212010</b>	<b>\$200.00</b>			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>VOIDED CHECK</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input 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		
	<b>V#1015</b>		<b>06212010</b>	\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WHITEHEART OUTDOOR ADV. POB 40 LEWISVILLE, NC 27023</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>17,500.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<b>V#1016</b>	<b>A</b>	<b>06212010</b>	<b>\$7520.00</b>			
5. Total only this Page						\$ <b>7,700.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						\$ <b>25,430.10</b>	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



For Office Use Only:  
Follow-Up Date \_\_\_\_\_  
Reviewed by \_\_\_\_\_

**CAMPAIGN REPORT DISCREPANCIES  
REPLY REQUIRED**

August 3, 2010

William H. Whiteheart  
Whiteheart Committee  
PO Box 40  
Lewisville, NC 27023

FROM: Campaign Finance Office  
Forsyth County Board of Elections  
201 N. Chestnut Street  
Winston-Salem, NC 27101

REPORT(S) IN QUESTION:  
Second Quarter

This letter is prompted by a review of the reports referenced above. This notice requests information essential to full public disclosure of your election campaign finances. An itemization of the information needed follows:

**DISCLOSURE REPORT COVER PAGE (CRO-1000)**

- The Disclosure Report Cover is not signed by the designated Treasurer or Assistant Treasurer of the committee.
- Complete committee information (Boxes 1, 3, 5, 6, 8 and 11) is not provided or incorrect according to the last Statement of Organization filed by the committee.
- Complete report information (Boxes 2, 3, 4, and 9) is not provided or inaccurate.
- Other: Account Code is WC and must be used where requested on all forms.

**DETAILED SUMMARY PAGE (CRO-1100)**

- The beginning cash balance of this report does not equal the ending cash balance of the last report filed.
- The beginning cash balance is incorrect.
- Total Receipts for (this Reporting Period and/or this Election Cycle) is incorrect.
- Total Expenditures for (this Reporting Period and/or this Election Cycle) is incorrect.
- Amount on Line(s) \_\_\_\_\_ (Total this Reporting Period) disclosed, but no form(s) itemizing the entry is provided with the report.
- Form CRO-\_\_\_\_\_ provided, but amount on Line(s) \_\_\_\_\_ (Total this Reporting Period) is incorrect
- The ending cash balance of the report is negative. This suggests the committee has overdrawn its bank account, made a mathematical error or incurred a debt or other obligation not reported by the committee.
- Other: See suggested correction page to reflect changes.

## **RECEIPTS**

- Complete individual contributor information for contributions received in excess of \$50 is not provided or incorrect. Please provide the missing address, occupation and employer, date of contribution, form of payment, election sum to date and/or amount of contribution for some or all of the contributions received by the committee.
- Contributions from anonymous sources, a corporation, business, labor union, professional association and/or insurance company were received by the committee. These contributions must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- Cash contributions in excess of \$50 were received from a contributor. The excess amount must be forfeited to the N.C. Civil Penalty & Forfeiture Fund.
- The date of some or all contributions received by the committee is not provided or outside the coverage dates of this report.
- Contributions over \$50 are itemized as Aggregated Contributions from Individuals on a form CRO-1205. These contributions must be itemized as a Contribution from Individual on a form CRO-1210.
- In-kind contributions are not disclosed properly. An in-kind contribution received by a committee must be shown as both a receipt and expenditure from the contributor.
- Excessive contributions of over \$4,000 per election were received from some contributors. Please refund the excess portion to the contributor and show the refund on the next report.
- Other: Filing fee of \$191 is in-kind amount; a CRO-1510 must be completed.

## **EXPENDITURES**

- Complete disbursement information for expenditures made by the committee in excess of \$50 is not provided or incorrect. Please provide the missing address, purpose code or detailed purpose of disbursement; date of disbursement, form of payment, election sum to date and/or amount of disbursement for some or all of the expenditures made by the committee.
- Some disbursements that were made by the candidate or candidate committee are prohibited under N.C.G.S. §163-278.16B. Please seek reimbursement for the amount of the prohibited disbursement.
- Disbursements made for media expenses were paid for in cash.
- Disbursements for non-media expenses over \$50 were paid for in cash.
- Other: Check 'remove for filing fee information on the CRO-1310; check 'add' for filing fee information added to a CRO-1510. Complete all mailing addresses and required remarks where requested.

## **LOANS/DEBTS**

- Complete information concerning a loan or debt owed by the committee is not provided or incorrect. Please provide missing information concerning the lender, the terms of the loans and/or the amount of the loan or information concerning the debt including the name and address of the creditor, date incurred, beginning and outstanding balance of the debt and the amount of debt payments made by the committee.
- A Loan Proceeds Statement (Form CRO-6100) was not provided for a new loan made by the committee.
- A Forgiven Loan Statement (Form CRO-6200) was not provided for a loan in which the lender intends to forgive.

Other: \_\_\_\_\_

**48-HOUR NOTICES**

48-Hour Notices reported during the 48-Hour reporting period on a form CRO-2220 are not included in this report. Please include the contributor information contained in the 48-Hour Notice on the report itself.

**OTHER ISSUES:**

Amend report with all forms. Thank you.

Please file any amendment within twenty (20) days of the date of this letter with the Forsyth County Board of Elections office. Additional forms and other campaign finance information can be found at [www.sboe.state.nc.us](http://www.sboe.state.nc.us). If you need assistance with this matter please contact Judy Speas at (336) 703-2808.