

# 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>Committee to Elect CHARLES EVANS</b>	c. ID Number <b>92106Y</b>
b. Mailing Address (include City, State and Zip Code) <b>926 Fleetwood Dr. Fayetteville, N.C. 28305</b>	d. Date Filed <b>10-2-07</b>
	e. Phone Number

2. Report Year <b>2006</b>	3. Period Start Date (mm/dd/yy) <b>7-1-07</b>	4. Period End Date (mm/dd/yy) <b>9-25-07</b>	5. Treasurer Full Name <b>Helen H. Farrion</b>
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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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	10. Special Report Name
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>BB&amp;T Bank</b>	a. Financial Institution Full Name	b. Purpose <b>Campaign Expense</b>	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance <b>\$ 539.20</b>	d. Period Begin Balance

**CERTIFICATION**  
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

**Helen H. Farrion** **Helen H. Farrion** **10-2-07**  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: **10-2-07** Employee: **Ingru**

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

RECEIVED

OCT - 2 2007

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

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.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 539.20	\$ 392.64
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$ 1150.00
6) Contributions from Individuals (CRO-1210)		\$ 1400	\$ 3900.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>		\$ 1400	\$ 5050
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 978.39	\$ 4481.83
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
14) Loan Repayments (CRO-1420)		\$ 0	\$ 0
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0	\$ 0
16) In-Kind Contributions (CRO-1510)		\$ 0	\$ 0
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>		\$ 978.39	\$ 4481.83
18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i>		\$ 960.81	\$ 960.81
<b>ADDITIONAL INFORMATION</b>			
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) <b>Committee to Elect CHARLES EVANS</b>	2. ID Number
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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	
<b>Carolyn M. Winfrey 420 Ralph St Fay, NC 28301</b>			<b>Retired</b>			
			c. Employer's Name/Specific Field <b>Retired</b>			
			e. Election Sum to Date			
					\$ <b>100.00</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<b>1</b>	<b>CHECK</b>		<b>7.3.07</b>	\$ <b>100.00</b>	
<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	
<b>D. Keith Allison 401 Harlow P.O. B. 36158 Fayetteville, NC</b>			<b>Pres./CEO</b>			
			c. Employer's Name/Specific Field <b>System</b>			
			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"/>	<b>1</b>	<b>CHECK</b>		<b>9.10.07</b>	\$ <b>400.00</b>	
<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	
<b>Jacqueline Allison P.O. Box 36158 Fayetteville, NC 28303</b>			<b>Commercial Broker</b>			
			c. Employer's Name/Specific Field <b>System</b>			
			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"/>	<b>1</b>	<b>CHECK</b>		<b>9.10.07</b>	\$ <b>200.00</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$ <b>700.00</b>
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5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ <b>1,400</b>
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# Contributions from Individuals

Pg 2 of 3

Amendment  Yes  No

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) <b>Charles E. Evans Committee to Elect</b>	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Janene Allison P.O. Box 36158 Fayetteville, N.C. 28303</b>	b. Job Title/Profession <b>V.P. Human Resources</b>	c. Employer's Name/Specific Field <b>System</b>	d. Comments
			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"/>	1	Check		9.10.07	\$ 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) <b>Cara Allison 2606 Mirror Lake Dr. Fayetteville, NC 28303</b>	b. Job Title/Profession <b>Administrator</b>	c. Employer's Name/Specific Field <b>System</b>	d. Comments
			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"/>	1	CK		9.10.07	\$ 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) <b>Dr. Franklin Clark 1945 Fordham Dr. Fayetteville, NC 28304</b>	b. Job Title/Profession <b>CEO</b>	c. Employer's Name/Specific Field <b>Village Green Purdue Dr.</b>	d. Comments
			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"/>	1	CK		9.25.07	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 500.00
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5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 1,400
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Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect CHARLES EVANS							
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	
Eugene C. England 3262 Boone Trail Fayetteville, NC 28306				Retired Military			
				c. Employer's Name/Specific Field			
				e. Election Cycle 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"/>	1	Check		7.2.07	\$ 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)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Cycle 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"/>					\$		
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 Cycle 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					\$ 500		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1,400		

**Disbursements**

Amendment  Yes  No  
 PR of  Yes  No

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

Committee Full Name (and Fund if applicable)						Committee Number
Comm. Hec to Elect CHARLES EVANS						
Type of Disbursement (Please use correct Code)						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
Perfect Frames 1221 Hwy St. Fayetteville, NC 28305 910 323-4940						
c. Level Registered (Specify)			d. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality					\$ 71.79	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks	
1	Check	K	8.10.07	\$ 71.79	Frame	
4. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
K+W Cafeteria 3187 Village Dr. Fayetteville, NC 28304 910 323-1485						
c. Level Registered (Specify)			d. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality					\$ 61.79	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks	
1	Check	C	9.7.07	\$ 21.25	Fundraising Meeting	
4. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		c. Comments	
Anthony Faison 61 508 person ST. Fayetteville, NC 28301 910 486-4114						
c. Level Registered (Specify)			d. Election Sum to Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality					\$ 100.00	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks	
1	Check	D	9.19.07	\$ 100.00	Travel expense for Trip for children	
5- Total of all disbursements					\$ 1930.4	
6- Total of all disbursements					\$ 978.39	
7. Purpose Codes (Use appropriate Code)						
A* - Media	B* - Printing	C* - Campaigning	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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Committee to Elect CHARLES EVANS						
<b>3. Type of Disbursement</b> <i>Please use separate CRO-1310 forms for each type of Disbursement.</i>						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Pete McKenna c/o 602 Mann St. Fayetteville, NC 28301						Music
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 400.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	check	C	4-1-07	\$ 400.00	Fundraising Band	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>5. Total on this Page</b>						\$ 400.
<b>6. Total of ALL CRO-1310 Pages</b>						\$
<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>						
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in 7. above)</i>						
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 (6)						

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) Committee to Elect Charles Evans 2. ID Number

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

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
International Minute Press  
1327 Robeson St  
Fayetteville, NC 28305

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
\$ 185.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Check</u>	<u>B</u>	<u>7.30.07</u>	<u>\$ 164.00</u>	<u>Cards</u>
<u>1</u>	<u>Cash</u>	<u>B</u>	<u>9.19.07</u>	<u>\$ 21.35</u>	<u>Copies</u>

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
~~International Minute Press~~  
~~1327 Robeson St~~  
~~Fayetteville, N.C. 28305~~

b. Coordinated Committee Name

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

d. Comments

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
	<del><u>Cash</u></del>	<del><u>B</u></del>	<del><u>9.19.07</u></del>	<del><u>\$ 21.35</u></del>	
				<u>\$</u>	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
The Fayetteville Press  
3635 Sycamore Dairy  
Fayetteville, N.C. 28304  
910 323-3120

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
\$ 800.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Check</u>	<u>B</u>	<u>8.13.07</u>	<u>\$ 500.00</u>	<u>Advertising</u>
				<u>\$</u>	

5. Total only this Page \$ 385.35

6. Total of ALL CRO-1310 Pages  
 (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  
 (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  
\$

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	O* - Other

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