

# 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

<b>I. Committee Information</b>	
a. Full Name <i>Committee To Elect Charles Ragan</i>	c. ID Number <i>EXY623</i>
b. Mailing Address (include City, State and Zip Code) <i>2586 Adkins Hill DRIVE Fayetteville NC 28306</i>	d. Date Filed <i>9-4-07</i>
	e. Phone Number <i>910-424-0475</i>

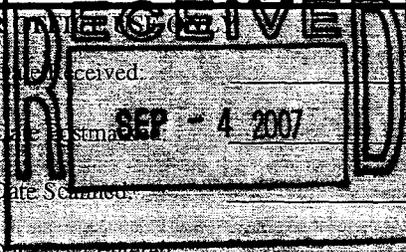
2. Report Year <i>2007</i>	3. Period Start Date (mm/dd/yy) <i>7-10-2007</i>	4. Period End Date (mm/dd/yy) <i>8-28-2007</i>	5. Treasurer Full Name <i>Charles Bill Ragan</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report			<input type="checkbox"/> Special	10. Special Report Name

<b>II. Account Information</b>		<b>II. Account Information</b>	
a. Financial Institution Full Name <i>Branch Banking &amp; Trust Company</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Account for Receipts and Expenditures</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 136.00</i>		d. Period Begin Balance <i>\$</i>

**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).

*Charles Ragan*      *Charles Ragan*      *9-4-07*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

	Employee: <i>TSA</i>	Delivery Method
	Employee:	<input type="checkbox"/> Normal Mail
	Employee:	<input type="checkbox"/> Registered Mail
	Employee:	<input checked="" type="checkbox"/> Hand Delivered
Date Data Entered:	Employee:	<input type="checkbox"/> Electronically Filed
	Employee:	<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.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# 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
Committee to Elect Charles Papp	35 Day Report	EX V 623
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 136.00	\$ 0
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 550.00	\$ 902.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 1000.00	\$ 1000.00
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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 1550.00	\$ 1902.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1292.97	\$ 1383.97
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)	\$	\$ 125.00
16) In-Kind Contributions (CRO-1510)	\$	\$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$	\$
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 393.03	\$ 393.03
<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

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) Committee to Elect Charles Ragan	2. ID Number EXY623
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3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Fred Adkins 4012 Ardenwoods Drive Fayetteville, NC 28306	b. Job Title/Profession President CTS Cleaning	d. Comments
	c. Employer's Name/Specific Field CTS Cleaning Systems Inc.	
		e. Election Sum to Date \$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	cash		7-21-07	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Gloria Adkins 4012 Ardenwoods Drive Fayetteville, NC 28306	b. Job Title/Profession Housewife	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	cash		7-21-2007	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Frank Gillis 2803 Gillis Hill Rd Fayetteville, NC 28306	b. Job Title/Profession Business Owner	d. Comments
	c. Employer's Name/Specific Field Scrap Metal	
		e. Election Sum to Date \$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	cash		7-25-2007	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 150.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 550.00
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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
Committee to Elect Charles Ragan	EXY623

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
Kenneth Glass 117 Brookview Court Raeford NC 28348	Retired Military
	c. Employer's Name/Specific Field
	d. Comments
	e. Election Sum to Date
	\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		7-25-2007	\$ 50.00
<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
James Kennedy 7974 King Road Fayetteville NC 28306	Retired Military
	c. Employer's Name/Specific Field
	d. Comments
	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"/>	1	Check		7-25-2007	\$ 200.00
<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
Tanie Porter 2571 Adkins Hill Dr Fayetteville NC 28306	Housewife
	c. Employer's Name/Specific Field
	d. Comments
	e. Election Sum to Date
	\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		7-25-2007	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 350.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 550.00

Contributions from Individuals

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) <i>Committee to Elect Charles Ragan</i>	2. ID Number <i>EX4623</i>
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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) <i>Ray Branch 6594 Brookshire St Fayetteville NC 28314</i>			b. Job Title/Profession <i>Truck Driver</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Sea Lane Express</i>			
					e. Election Sum to Date \$ <i>50.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	<i>cash</i>		<i>7/27/2007</i>	\$ <i>50.00</i>	
<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 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 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 \$ *50.00*

5. Total of ALL CRO-1210 Pages \$ *550.00*  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

**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) Committee to Elect Charles Ragan 2. ID Number EXY623

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)  
Carlton Hubbard Photography  
3619 Sycamore Dairy Rd  
Fayetteville NC 28303

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
 \$ 50.17

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>8/1/2007</u>	<u>\$50.17</u>	<u>Picture for signs + handout material</u>
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Williams Printing And Office Supply  
1033 Brass Blvd  
Fayetteville NC 28301

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
 \$ 973.82

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>8/7/2007</u>	<u>\$673.82</u>	<u>Printing of handout material</u>
<u>1</u>	<u>check</u>	<u>B</u>	<u>8/9/2007</u>	<u>\$300.00</u>	<u>Printing of sign deposit</u>

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Williams Printing And Office Supply  
1033 Brass Blvd  
Fayetteville NC 28301

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
 \$ 1242.80

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>8/17/2007</u>	<u>\$268.98</u>	<u>Balance on signs</u>
				\$	

5. Total only this Page \$ 1292.97

6. Total of ALL CRO-1310 Pages \$ 1292.97  
 (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)

**Loan Proceeds**

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Committee to Elect Charles Ragan		EXY 623		
3. Lender 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	
Charles Ragan 2586 Adkins Hill Drive Fayetteville NC 28306		Retired		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
			8/3/2007	
			f. End Date (mm/dd/yyyy)	
e. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0%		1	check	\$ 1000.00
4. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
			% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
			% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
			% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
			% \$	
5. Total of ALL CRO-1410 Pages				\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)				