

Disclosure Report Cover

| |
|---|
| Amendment |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Committee to Elect Charles Ragan | c. ID Number EXY623 |
| b. Mailing Address (include City, State and Zip Code) 2586 Adkins Hill DRIVE Fayetteville, NC 28306 | d. Date Filed 9-4-2007 |
| | e. Phone Number 910-424-0475 |

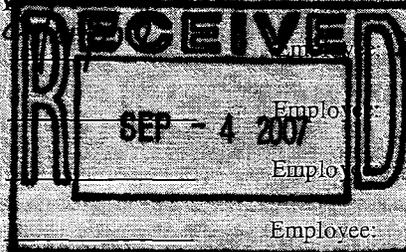
| | | | |
|--------------------------------------|--|---|--|
| 2. Report Year 2007 | 3. Period Start Date (mm/dd/yy) 6-11-2007 | 4. Period End Date (mm/dd/yy) 7-9-2007 | 5. Treasurer Full Name Charles Bill Ragan |
|--------------------------------------|--|---|--|

| | | | | |
|---|--------------------------------|--|---|---|
| 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 | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | | <input 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 | |

| | | | |
|---|------------------------------------|---|-------------------------|
| 10. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Branch Banking and Trust Company | a. Financial Institution Full Name | b. Purpose Campaign Account For Receipts And Expenditures | b. Purpose |
| b. Purpose | c. Account Code 1 | c. Account Code | c. Account Code |
| d. Period Begin Balance \$ 0 | d. Period Begin Balance | d. Period Begin Balance | 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).

Charles Bill Ragan *Charles Bill Ragan* **9-4-2007**
Printed Name of Signer Signature of Appointed Treasurer Date

| | | |
|----------------------------|---|---|
| FOR OFFICE USE ONLY | | |
| Date Received: |  | Delivery Method: |
| Date Postmarked: | | <input type="checkbox"/> Normal Mail |
| Date Scanned: | | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | <input checked="" type="checkbox"/> Hand Delivered |
| | | <input type="checkbox"/> Electronically Filed |
| | | <input type="checkbox"/> Signer has not received mandatory training |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

| |
|---|
| Amendment |
| <input checked="" 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 | | 2. ID Number | |
| Committee to Elect Charles Rogge | | Organizational | | EX 4623 | |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 352.00 | | \$ 352.00 | |
| 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) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c) | | \$ 352.00 | | \$ 352.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 91.00 | | \$ 91.00 | |
| 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 | | \$ 125.00 | |
| 16) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | | \$ 216.00 | | \$ 216.00 | |
| 18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | | \$ 136.00 | | \$ 136.00 | |
| ADDITIONAL INFORMATION | | | | | |
| 19) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ | | | |
| 21) Debts and Obligations owed By the Committee (CRO-1610) | | \$ | | | |
| 22) Debts and Obligations owed To the Committee (CRO-1620) | | \$ | | | |
| 23) Account Transfers Within the Committee (CRO-1720) | | \$ | | | |
| 24) Administrative Support (CRO-1710) | | \$ | | \$ | |
| 25) Forgiven Loans (CRO-1440) | | \$ | | \$ | |
| 26) 48-Hour Notice Reports Sum | | \$ | | \$ | |

Contributions from Individuals

Pg 1 of 2

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 EXY 623 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Bill Ragan 2586 Adkins Hill Drive Fayetteville NC 28306 | | | | b. Job Title/Profession Retired | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ 127.00 | |
| 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 | | 7/9/2007 | \$ 125.00 | | |
| <input type="checkbox"/> | 1 | cash | | 7/9/2007 | \$ 2.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Lettie Ragan 2606 Adkins Hill Drive Fayetteville NC 28306 | | | | b. Job Title/Profession Retired | | 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 | | 6/16/2007 | \$ 50.00 | | |
| <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) Charles B. Ragan II 2586 Adkins Hill Dr Fayetteville NC 28306 | | | | b. Job Title/Profession Disabled | | 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 | | 6/16/2007 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | \$ 227.00 | | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 352.00 | | |

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) **Committee to Elect Charles Ragan** 2. ID Number **EX4623**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) **Charles B Ragan
2586 Adkins Hill Drive
Fayetteville NC 28306**

b. Job Title/Profession **Retired**

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date **\$ 125.00**

| 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 | | 6/12/2007 | \$ 125.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

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

b. Job Title/Profession

c. Employer's Name/Specific Field

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"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

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

b. Job Title/Profession

c. Employer's Name/Specific Field

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"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 125.00

5. Total of ALL CRO-1210 Pages \$ 352.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Refunds/Reimbursements To the Committee

Pg 1 of 1

| |
|---|
| Amendment |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Use this form to report refunds received by the committee or reimbursements for a previous expenditure

| | | | | | |
|---|--------------------|-----------------------------------|---|-------------------------|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Elect Charles Ragan | | | | EX4623 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| Charles Bill Ragan 2586 Adkins Hill Drive Fayetteville NC 28306 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | 6/12/2007 |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 125.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| Retired | | | | | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| 1 | check | Refund Cash Contribution | | 7/9/2007 | \$ 125.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 125.00 |
| 5. Total of ALL CRO-1240 Pages | | | | | \$ 125.00 |
| <small>(This line must be on line 10 of Detailed Summary Page CRO-1100)</small> | | | | | |

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 EXY 623 | |
| 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. Coordinated Committee Name | | d. Comments | |
| Branch Banking & Trust Co. 7791 S. Raeford Rd PO Box 1088 Fayetteville NC 28304 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 24.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit | B | 6/20/2007 | \$ 24.00 | Printing New Checks | | |
| | | | | \$ | | | |
| 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 | | d. Comments | |
| United States Postal Service LaFayette Station Fayetteville NC 28314 2511 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 41.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | I | 6/21/2007 | \$ 41.00 | Stamps for mail outs | | |
| | | | | \$ | | | |
| 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 | | d. Comments | |
| Board of Elections 301 East Russell Street Fayetteville NC 28301 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 26.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | H | 7/6/2007 | \$ 24.00 | Filing Fee | | |
| 1 | Cash | O | 7/9/2007 | \$ 2.00 | Voter information | | |
| 5. Total only this Page | | | | | | \$ 91.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 91.00 | |
| (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) | | | | | | | |