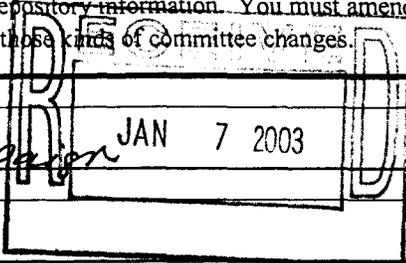


Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund <i>Each "Moose" Butler Campaign</i>		6. Date <i>1-6-03</i>
2. Address <i>3710 Berger Drive</i>		7. ID Number



3. City <i>Fayetteville</i>	4. State <i>NC</i>	5. Zip <i>28304</i>	8. Phone <i>485-1821</i>
--------------------------------	-----------------------	------------------------	-----------------------------

9. Type of Report	10. Period Covered Start <i>10-20-02</i> End <i>12-31-02</i>	11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------	--	---

12. Type of Committee or Fund (Check one)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund: _____			

13. Treasurer Name
Phyllis R. Williams

14. Assistant Treasurer Name(s)
—

15. Custodian of Books Name
Same

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<i>First Citizens Bank</i>	<i>Checking</i>	<i>1</i>	<i>\$28,101.73</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.

Phyllis R. Williams
Signature of Appointed Treasurer or Candidate

1-7-03
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
<i>Earl R. Butler for Sheriff</i>		
Start of Election Cycle: January 1, 20 <i>02</i>	Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle		\$ <i>63,191.45</i>
5) Cash on Hand at Start of Present Reporting Period	\$ <i>28,101.73</i>	
RECEIPTS		
6) Contributions from Individuals (CRO-1210)	\$ <i>2,450.00</i>	\$ <i>114,467.84</i>
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ <i>400.00</i>	\$
9) Loan Proceeds <i>Savings transfer</i> (CRO-1410)	\$	\$ <i>43,583.17</i>
10) Refunds and Reimbursements TO the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources (CRO-1250)		
11a) Interest on Bank Accounts (CRO-1250)	\$ <i>11.79</i>	\$ <i>1122.49</i>
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
12) "Goods and Services" Contributions (CRO-1260)	\$	\$
13) Contributions based on Forgiven Loans (CRO-1440)	\$	\$
14) 48-Hour Notice Reports Sum	\$	\$
15) TOTAL RECEIPTS <i>(Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)</i>	\$ <i>2,861.79</i>	\$ <i>159,573.50</i>
EXPENDITURES		
16) Disbursements (CRO-1310)		
16a) Operating Expenditures (CRO-1310)	\$ <i>12,201.88</i>	\$ <i>200,779.34</i>
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
16c) Coordinated Party Expenditures (CRO-1310)	\$	\$
17) Loan Repayments (CRO-1420)	\$	\$
18) Forgiven Loans (CRO-1440)	\$	\$
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$	\$
20) In-Kind Contributions (CRO-1510)	\$ <i>—</i>	\$
21) TOTAL EXPENDITURES <i>(Add lines 16a, 16b, 16c, 17, 18, 19, and 20)</i>	\$ <i>12,201.88</i>	\$ <i>204,003.31</i>
22) Cash on Hand at End of Reporting Period <i>(For this Period, add lines 5 and 15 together, then subtract line 21)</i> <i>(For this Election Cycle, add lines 4 and 15 together, then subtract line 21)</i>	\$ <i>18,761.64</i>	\$ <i>18,761.64</i>
Additional Information		
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$	
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$	
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$	
27) Parent Entity's Administrative Support (CRO-1710)	\$	
28) Account Transfers (CRO-1720)	\$	

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Juan Diaz 4847 Hurley Drive FAY NC 28304	1	CK	10-16-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Rreda Faulkner 4509 Sterling St FAY NC 28306	1	CK	10-18-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Billy Wellons P.O. Box 766 Sp. Lake NC 28396	1	CK	10-21-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Wellons Realty		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 250.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Benson OTOVO 108 Moss Ross Ct. Raleigh, NC 27606	1	CK	10-16-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Prof Family Care Service		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William Vurnakes 2413 Torcross Dr FAY NC 28304	1	CK	10-16-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Cumb. Anesthesia Assoc		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
4. Total only this Page							\$ 550.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

1. Name of Committee or Fund				2. ID Number			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	David Raynor 4852 Long St. Linden NC 28356	1	ck	10-29-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Raynor Logging	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Randy Gregory 121 Ellerslie Dr FAY NC 28303	1	ck	10-31-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Owner - Attorney	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Bobby Sullivan 2116 Winterlochen FAY NC 28305	1	ck	10-10-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Manager - Rogers + Breese Funeral	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 300.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Hector McGeachy P.O. Box 747 FAY NC 28302	1	ck	10-22-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Owner - Firm	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Kenneth Lancaster 303 Sylvan Rd. FAY NC 28305	1	ck	10-21-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
	Broker - Lancaster Realty	<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00			
4. Total only this Page							\$ 1300.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Michael Steadman 175 Eilerslie Dr. Fay NC 28303	1	CK	10-16-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	W. Lyndo Tippet 509 Valley Rd. FAY NC 28305	1	CK	10-21-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 200.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Carroll Thomas 6321 Rafter Rd. FAY NC 28304	1	CK	10-29-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 200.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Julia Aragon 1768 Worthville Rd Randleman NC 28317	1	CK	11-02-02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$	
4. Total only this Page							\$ 600.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 2400.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from OTHER POLITICAL COMMITTEES

1. Name of Committee or Fund						2. ID Number	
Earl R. Butler For Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
	North Carolina Realtors PAC 421 Fayetteville St. STE - 1109 Raleigh NC 27601	1	CK	11-04-02	<input type="checkbox"/>	\$ 400.00	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: _____			h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$ 400.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
					<input type="checkbox"/>	\$	
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1230 Pages (only show on last page)						\$ 400.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)							

Other Receipt Sources

1. Name of Committee or Fund			2. ID Number		
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	<i>First Citizens Bank</i>	<i>1</i>		<i>10.31.02</i>	<i>\$ 4.78</i>
	<i>Jay NC 28302</i>	<i>1</i>		<i>11.29.02</i>	<i>\$ 3.65</i>
		<i>1</i>		<i>12.31.02</i>	<i>\$ 3.36</i>
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page				\$ <i>11.79</i>	
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>				\$ <i>11.79</i>	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

1. Name of Committee or Fund <i>Earl "Moose" Butler For Sheriff</i>						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 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	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Cross Creek Printing Sycamore Dairy Rd. Joy NC 28311</i>			<i>T. Shirts</i>	<i>1</i>	<i>CK</i>	<i>10-21-02</i>	<i>\$ 181.05</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Williams Printing Brass Blvd. Joy NC</i>			<i>election handouts</i>	<i>1</i>	<i>CK</i>	<i>10-25-02</i>	<i>\$ 210.87</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>The Fayetteville Press Ransley St. Joy NC 28311</i>			<i>ad</i>	<i>1</i>	<i>CK</i>	<i>10-25-02</i>	<i>\$ 300.00</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Order of the Eastern Star A.O.A.H.#31 433 Hoy St. Joy NC</i>			<i>ad</i>	<i>1</i>	<i>CK</i>	<i>10-25-02</i>	<i>\$ 20.00</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<i>Fayetteville Observer Joy NC</i>			<i>ad</i>	<i>1</i>	<i>CK</i>	<i>10-29-02</i>	<i>\$ 650.00</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$ 6284.42	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$	
(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)								

Disbursements

1. Name of Committee or Fund						2. ID Number		
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Holiday - Mrs. Bourdeaux Owen Dr. Jury NC 28304			Room Election Nite	1	ck	10-30-02	\$ 100.00 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Merita Bead Black N Deck Rd Jury NC			Paly - Bead	1	ck	10-31-02	\$ 185.67 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Walmart Hope Mills NC			Food - Election	1	ck	11-4-02	\$ 35.86
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
							11-5-02 \$ 105.75	
							12-3-02 \$ 31.86	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Sams Skate Rd Jury NC			Election Nite open House	1	ck	11-4-02	\$ 182.68
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
							12-4-02 \$ 113.70	
							\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	John Smith 131 Dick St Jury NC 28301			poll worker	1	ck	11-4-02	\$ 500.00 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
							\$	
5. Total only this Page							\$ 1255.52	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>								

Disbursements

1. Name of Committee or Fund						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<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, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee Chic Hill A Spoke Rd Joy NC		Election note	1	ck	11-4-02	\$ 180.60	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee Superk Cedar Creek Rd Joy NC		Rally	1	ck	11-6-02	\$ 87.60	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee B. B. Watson 912 Santa Fe Joy NC 28301		Rally Sound Reason	1	ck	11-7-02	\$ 300.00	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee Cheerwine Joy NC		drinks Rally	1	ck	11-7-02	\$ 231.00	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee Sprint Westwood Shopping Ct. Joy NC		Phone Bill	1 1	ck ck	11-7-02 12-10-02	\$ 44.60 \$ 44.62	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
5. Total only this Page						\$ 888.44	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Disbursements

1. Name of Committee or Fund						2. ID Number		
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	H. U. G. G. S. 201 Moore St. Jay NC 28301			Ad	1	ck	11-7-02	\$ 100.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Dell Computers Raleigh NC			Computer for Campaign purposes	1	ck	11-8-02	\$ 1624.03
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	U. S. Postal Rowan St Jay NC 28301			Stamps Box Rental	1 1	ck ck	11-20-02 11-26-02	\$ 74.00 \$ 76.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Dr. Martin Luther King Com. Jay NC			Deletion (table)	1	ck	11-20-02	\$ 200.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Shiloh Temple of Faith Jay NC			ad	1	ck	11-20-02	\$ 100.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$ 2174.03	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>								

Disbursements

1. Name of Committee or Fund						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	D. J. B. Imports P.O. Box 1039 Oakland IL 34760			pena - Campaign	1	ck	11-25-02	\$340.51
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Sharon Williams 131 Duck St. Jury NC			donation for Xmas - needy child	1	ck	12-4-02	\$40.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	McDonalds Hower St. Jury NC			open house food	1	ck	12-6-02	\$64.16
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	EE Smith High School Raysey St. Jury NC			ad	1	ck	12/9/02	\$50.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	316 Oyster Bar Owen Dr. Jury NC 28304			Election Denial Apprecian	1	ck	12-17-02	\$854.80
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Election Cycle Sum To Date \$	
5. Total only this Page							\$1349.47	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$	
(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)							\$	

1. Name of Committee or Fund						2. ID Number		
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
	Fayetteville/Cumberland County Ministerial County-Cumberland			ad	1	ck	12/20/20	\$ 250.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
4. Payee	a. Full Name, Mailing Address & Phone <i>(include city, state, and zip)</i>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date <i>(mm/dd/yyyy)</i>	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$ 250.00	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$ 12,201.89	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>								