

# Disclosure Report Cover

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

Please note that this cover sheet 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 those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.

## 1. Committee Information

a. Full Name <b>Earl R. Butler For Sheriff</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>P.O. Box 64215 Fayetteville NC 28306</b>	d. Date Filed <b>Jan 21 2004</b>
	e. Phone Number <b>910) 485-1821</b>

2. Report Year <b>2003</b>	3. Period Start Date (mm/dd/yyyy) <b>July 1, 2003</b>	4. Period End Date (mm/dd/yyyy) <b>December 31 2003</b>	5. Treasurer Full Name <b>Phyllis Robertson Williams</b>
-------------------------------	--	--	---

6. Type of Committee (Check one)		8. 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 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"/> Soft Money Account		<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 checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name <b>First Citizens Bank</b>	a. Financial Institution Full Name	b. Purpose <b>Checking</b>	c. Code <b>1</b>
b. Purpose	c. Code	d. Period Begin Balance <b>\$ 17,807.<sup>66</sup></b>	d. Period Begin Balance <b>\$</b>

**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. (Initials) (Date) This report is complete, true and correct.

**Phyllis R. Williams** (Printed Name of Signer)      **Phyllis R. Williams** (Signature of Appointed Treasurer)      **1-21-04** (Date)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

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

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

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

# Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number	
<i>Earl Butler for Sheriff</i>	<i>Year End</i>		
Start of Election Cycle: <i>January 1, 2003</i>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <i>17,807.66</i>	\$ <i>18,761.64</i>	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>—</i>	\$	
6) Contributions from Individuals (CRO-1210)	\$ <i>1730.00</i>	\$ <i>3480.00</i>	
7) Contributions from Political Party Committees (CRO-1220)	\$ <i>—</i>	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ <i>—</i>	\$	
9) Loan Proceeds (CRO-1410)	\$ <i>—</i>	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ <i>—</i>	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ <i>8.33</i>	\$ <i>21.64</i>	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ <i>—</i>	\$	
11c) Outside Sources of Income (CRO-1250)	\$ <i>—</i>	\$ <i>100.00</i>	
12) "Goods and Services" Contributions (CRO-1260)	\$ <i>2900.00</i>	\$ <i>5515.00</i>	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ <i>4638.33</i>	\$ <i>9116.64</i>	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ <i>6377.16</i>	\$ <i>11,309.45</i>	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ <i>—</i>	\$ <i>500.00</i>	
14c) Coordinated Party Expenditures (CRO-1310)	\$ <i>—</i>	\$	
15) Loan Repayments (CRO-1420)	\$ <i>—</i>	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ <i>—</i>	\$	
17) In-Kind Contributions (CRO-1510)	\$ <i>—</i>	\$	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ <i>6377.16</i>	\$ <i>11,809.45</i>	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ <i>16,068.83</i>	\$ <i>16,068.83</i>	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ <i>—</i>		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <i>—</i>		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ <i>—</i>		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ <i>—</i>		
24) Account Transfers Within the Committee (CRO-1720)	\$ <i>—</i>		
25) Administrative Support (CRO-1710)	\$ <i>—</i>	\$ <i>—</i>	
26) Forgiven Loans (CRO-1440)	\$ <i>—</i>	\$ <i>—</i>	
27) 48-Hour Notice Reports Sum	\$ <i>—</i>	\$ <i>—</i>	

Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) 2. ID Number  
 Earl Butler for Sheriff

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dan Raynor 630 Person St. Fay NC 28301	b. Job Title/Profession Owner c. Employer's Name/Specific Field Raynor Tire	d. Comments  e. Election Cycle Sum to Date \$ 260.00
---	--	---

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CK		9-23-03	\$ 130.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Tony Rano 2014 Litho Pl Fay NC 28304	b. Job Title/Profession Senator c. Employer's Name/Specific Field State	d. Comments  e. Election Cycle Sum to Date \$ 130.00
---	--	---

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CK		9-29-03	\$ 130.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Jan Powell 104 Bayview Circle Parkton NC 28371	b. Job Title/Profession Owner c. Employer's Name/Specific Field McDonald's	d. Comments  e. Election Cycle Sum to Date \$ 260.00
---	---	---

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CK		10-3-03	\$ 130.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 390.00

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

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
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	
Keith Allison 401 Harlow Fay NC 28303				owner			
				c. Employer's Name/Specific Field			
				System			
						e. Election Cycle Sum to Date	
						\$ 330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	ck		10-16-03	\$ 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	
Robert Taylor PO Box 1806 Hope Mills NC 28348				Owner			
				c. Employer's Name/Specific Field			
				Taylor Express			
						e. Election Cycle Sum to Date	
						\$ 280.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	ck		10-16-03	\$ 280.00		
<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	
Todd Davies 601 Brisbane Ct. Fay NC 28314				Retired			
				c. Employer's Name/Specific Field			
						e. Election Cycle Sum to Date	
						\$ 280.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	ck		10-31-03	\$ 280.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 760.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Dennis Walters P O Box 714 Fay NC 28302</b>	b. Job Title/Profession <b>Owner</b>	d. Comments
	c. Employer's Name/Specific Field <b>Olde Fayetteville Trs.</b>	
	e. Election Cycle Sum to Date \$ <b>280.00</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>ck</b>		<b>10/24/03</b>	\$ <b>280.00</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ED Melvin 723 Emeline Av Fay NC 28303</b>	b. Job Title/Profession <b>Owner</b>	d. Comments
	c. Employer's Name/Specific Field <b>Ed's Tire</b>	
	e. Election Cycle Sum to Date \$ <b>480.00</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>ck</b>		<b>10/31/03</b>	\$ <b>300.00</b>
<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	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 \$ **580.00**

5. Total of ALL CRO-1210 Pages \$ **1730.00**  
*(This line must be on line 6 of Detailed Summary Page CRO-1100)*

Goods and Services (including Fundraisers)

Pg 1 of 1

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) 2. ID Number  
 Earl R. Butler for Sheriff

3. Event Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Fall Golf Tournament Kings Corant Ramsey St. Fayetteville NC 28311	b. Attendance (approx. count) 80	d. Date(s) Held (mm/dd/yyyy) FROM: 10/31/03 TO:
	c. Description Golf Tournament	e. Total Event Amount \$

4. Items (goods and/or services) Sold

a. Cnt	b. Payment Breakdown			c. Item Description	d. Acct Code	e. Date (mm/dd/yyyy)	f. Amount per Item	g. Total Amount
	Check	Cash	Other					
		0			1	10-31-03	50.00 + 100.00	\$ \$ 2900.00
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

5. Total only this Page \$ 2900.00  
 (This should be the sum of all item '4g' from this page)

6. Total of ALL CRO-1260 Pages \$  
 (This line must be on line 12 of Detailed Summary Page CRO-1100)

Other Receipt Sources

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) 2. ID Number  
Earl Butler for Sheriff

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*  
 Interest  Contributions from Not-for-Profit Organizations  Outside Sources of Income

4. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments <u>Bank interest</u>
July 31 - 1.52 Aug. 29 - 1.39 Sept. 30 - 1.31 Oct. 31 - 1.32	NOV. 11-28 <u>1.39</u> Dec. 31 1.40	c. Outside Source Explanation
		e. Election Cycle Sum to Date \$ <u>21.64</u>

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	interest		July-December	\$ 8.33
				\$

4. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
		e. Election Cycle Sum to Date \$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

4. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
		e. Election Cycle Sum to Date \$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$

5. Total only this Page \$ 8.33

6. Total of ALL CRO-1250 Pages \$  
*(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)*  
*(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)*  
*(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*

Disbursements

Amendment  
 Yes     No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Earl Butler for Sheriff					
3. Type of Disbursement <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					
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	
West Fayetteville Recreation 5700 Palmetto Dr FAY NC 28302					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	AD		\$ 50.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
North Carolina Sheriff's Association Raleigh NC					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	AD - clothes	7-22-03	\$ 130.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WAL MART Hopemills NC 28348					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	door prizes for ncsa	7-24-03	\$ 60.23	
				\$	
5. Total only this Page				\$ 240.23	
6. Total of ALL CRO-1310 Pages				\$	
<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>					

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Holiday Inn Sunspree Wrightsville Beach NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	NCSA <sup>rooms</sup> meetings	7.30.03	\$ 1224.31	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Cumberland County Assoc. For Indian People Indian Dr Fay NC 28301			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	AD 1/2 Page	8/21/03	\$ 75.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments
Grays Creek Booster Club Chickenfoot Rd. Hope Mills NC 28348			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	AD	7/30/03	\$	
				\$	
5. Total only this Page				\$ 1324.31	
6. Total of ALL CRO-1310 Pages				\$	
<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>					









Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement <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	
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
ASSOC. For Indian People Indian Dr FAY NC 01			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	2 tx @ 35.00	10/30/03	\$ 70.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Kings Grant Ramsey St FAY NC 28311			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	GOLF Tourn.	10/31/03	\$ 1920.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Kinlaws Cedar Creek Rd FAY NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	food - golf	10/31/03	\$ 563.15	
				\$	
5. Total only this Page				\$ 2553.15	
6. Total of ALL CRO-1310 Pages				\$	
<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>					

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	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)	b. Coordinated Committee Name	d. Comments
Rusty Callahan 131 Dick St. FAY NC 01		
c. Level Registered (Specify)		e. Election Cycle Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	ck	golf food	10/31/03	\$ 14.93
				\$

4. Payee Information       Add       Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
U.S. Postal Rowan St FAY NC 01		
c. Level Registered (Specify)		e. Election Cycle Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	ck	Box Rental	11-10-03	\$ 76.00
				\$

4. Payee Information       Add       Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Cumb. Cty. Foster Care FAY NC		
c. Level Registered (Specify)		e. Election Cycle Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	ck	donation	11-14.03	\$ 25.00
				\$

5. Total only this Page      \$ 115.93

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)*

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Disbursement <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	
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
WALMART Hope Mills NC 28348			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	open House	12/2/03	\$ 89.88	
				\$	
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
SAMS Skibo Rd FAY NC 28314			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	open House	12/3/03	\$ 168.50	
				\$	
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
WALMART Hope Mills NC			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	open House	12/5/03	\$ 67.07	
				\$	
5. Total only this Page				\$ 325.45	
6. Total of ALL CRO-1310 Pages				\$	
<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>					

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Type of Disbursement <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		
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	
Walmart Hope Mills NC				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
1		ck	staff XMAS Party		12/9/03	\$ 108.96	
						\$	
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	
Smithfields BBQ Hope Mills NC				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
1		ck	tea- staff XMAS		12/9/03	\$ 27.93	
						\$	
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	
Fay Cumb. Cty Ministerial Council PO Box 2646 Fay NC 02				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
1		ck	1/2 Pg AD		12/12/03	\$ 100.00	
						\$	
5. Total only this Page						\$ 236.89	
6. Total of ALL CRO-1310 Pages						\$	
<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>							

