

Disclosure Report Cover

Amendment
 Yes 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 Earl R. Butler For Sheriff	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 64215 Fayetteville, NC 28306	d. Date Filed 1-12-05
	e. Phone Number 485-1821

2. Report Year 2005	3. Period Start Date (mm/dd/yyyy) July 1, 2005	4. Period End Date (mm/dd/yyyy) Dec 31, 2005	5. Treasurer Full Name Phyllis Roberta Williams
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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	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		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	Mid Year	
<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 First Citizens Bank		a. Financial Institution Full Name	
b. Purpose checking	c. Code 1	b. Purpose	c. Code
	d. Period Begin Balance \$ 18,191.17		d. Period Begin Balance \$

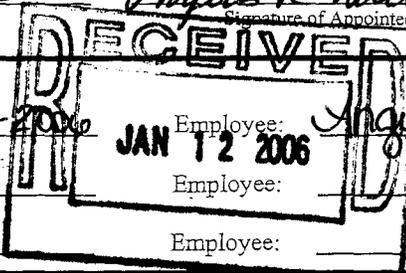
CERTIFICATION

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.

Phyllis R. Williams Printed Name of Signer
Phyllis R. Williams Signature of Appointed Treasurer
1-12-06 Date

FOR OFFICE USE ONLY

Date Received: **1-12-2006** Employee: **Angie**
 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		3. ID Number	
Earl R Bullen		Year End			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 17,409.99		\$ 18,761.64	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2500.00		\$ 2500.00	
6) Contributions from Individuals (CRO-1210)		\$ 3890.00		\$ 11,210.00	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 9.21		\$ 55.48	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ —		\$ —	
11c) Outside Sources of Income (CRO-1250)		\$ —		\$ 100.00	
12) "Goods and Services" Contributions (CRO-1260)		\$ —		\$ 9645.00	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 6459.21		\$ 23570.48	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 3692.14		\$ 21,530.08	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ —		\$ 500.00	
14c) Coordinated Party Expenditures (CRO-1310)		\$ —		\$ —	
15) Loan Repayments (CRO-1420)		\$ —		\$ —	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ —		\$ 105.00	
17) In-Kind Contributions (CRO-1510)		\$ —		\$ —	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 3692.14		\$ 22155.08	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 20,177.04		\$ 20,177.04	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

Goods and Services (including Fundraisers)

Amendment
 Yes No

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

3. Event Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Kings Grant Golf Fay nc 28311</u>	b. Attendance (approx. count) <u>96 players</u>	d. Date(s) Held (mm/dd/yyyy) FROM: <u>10/28/05</u>
	c. Description <u>GOLF TOURN. Fund Raiser</u>	TO: <u>10/28/05</u>
		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					
	<input checked="" type="checkbox"/>				<u>1</u>	<u>10/28/05</u>	<u>50.00 - to play</u> \$ <u>100.00 - sponsor</u>	\$ <u>2560.00</u>
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

5. Total only this Page
 (This should be the sum of all item '4g' from this page) \$ 2560.00

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

Contributions from Individuals

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	
Ronnie Mitchell 308 Person St FAY NC 28361			Attorney			
			c. Employer's Name/Specific Field			
			owner		e. Election Cycle Sum to Date	
					\$ 2090.00	
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		11-23-05	\$ 1,000.00	
<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	
Harry Sherrill 5509 Yadin Rd FAY NC 03			Realtor			
			c. Employer's Name/Specific Field			
			owner		e. Election Cycle Sum to Date	
					\$ 150.00	
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		10/23/05	\$ 150.00	
<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	
Kevin Arrowood 428 King Rd FAY NC 28306			owner			
			c. Employer's Name/Specific Field			
			Computer Plus		e. Election Cycle Sum to Date	
					\$ 190.00	
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		10-12-05	\$ 190.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1340.00	
5. Total of ALL CRO-1210 Pages					\$ 3890.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 4

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Charles Wallace 3717 Floyd Dr Hopem. IIs nc 28348	Deputy	
	c. Employer's Name/Specific Field	
	CCSO	e. Election Cycle Sum to Date
		\$ 400.00

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		10/20/05	\$ 200.00
<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	d. Comments
Wayne West PO Box 520 Goldsboro nc 27533		2
	c. Employer's Name/Specific Field	
	retired	e. Election Cycle Sum to Date
		\$ 400.00

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		9.21.05	\$ 200.00
<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	d. Comments
Benny Davis 2392 Hwy 115 Kinston nc 28504	Owner	
	c. Employer's Name/Specific Field	
	Law Enf Journal	e. Election Cycle Sum to Date
		\$ 2760.00

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		9-14-05	\$ 1480.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 1880.00

5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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 PO Box 30158 FAY NC 28303				Owner			
				c. Employer's Name/Specific Field System			
				e. Election Cycle Sum to Date		\$ 740.00	
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		9-14-05	\$ 140.00		
<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	
Harold Smelcer 3209 Boone Trail FAY NC 28306				Owner			
				c. Employer's Name/Specific Field Smelcer Fencing			
				e. Election Cycle Sum to Date		\$ 140.00	
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		10-21-05	\$ 140.00		
<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	
Jon Powell 104 Bayview Cr PARKTON NC 28371				Owner			
				c. Employer's Name/Specific Field McDonald's Franchise			
				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		9-25-05 140.00	\$ 140.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$	920.00	
5. Total of ALL CRO-1210 Pages					\$		
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Christopher Joyce 5739 Ivanhoe Ct FAY NC 28314		Retired			
		c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date	
				\$ 110.00	
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		11-28-05	\$ 110.00
<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	
Michael Barco 740 Galloway Dr FAY NC 28303		Retired			
		c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date	
				\$ 140.00	
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		10-26-05	\$ 140.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Cycle Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 3890.00

Other Receipt Sources

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Earl R. Butler for Sheriff					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Not-for-Profit Federal ID #	d. Comments	
July 1.47 Nov. 1.03 Aug 1.40 Dec 1.73 Sept 1.41 Oct 1.51			c. Outside Source Explanation		
			e. Election Cycle Sum to Date		
			\$ 9.21		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			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					\$ 9.21
6. Total of ALL CRO-1250 Pages					\$
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small>					
<small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small>					
<small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>					

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
Rosie McMullan 1972 Culpepper Ln 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	"Youth Explosions"	7-6-05	\$ 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
Cumberland Regional Emp. Corporation PO Box 1567 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	donation	7-22-05	\$ 100.00	
				\$	
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
WFSS Radio 1200 Murchison Rd FAY NC 28304			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:		
					\$ 252.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	donation		\$ 252.00	
				\$	
5. Total only this Page				\$ 175.00	
6. Total of ALL CRO-1310 Pages				\$ 3692.10	
<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
Swans Creek Missionary Baptist Church 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:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	ck	donation	8/29/05	\$ 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
US Postmaster 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	3 rolls stamps	9/9/05	\$ 111.00	
				\$	
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
ASSOC. FOR IND. AN PEOPLE 2173 Downy Rd FAY NC 28312			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	10/18/05	\$ 25.00	
				\$	
5. Total only this Page				\$ 186.00	
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
Trophy House 323 Robeson 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	trophies			\$ 59.49
						\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
King Sign Raefer Rd 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	13 Signs		10-27-05	\$ 208.65
						\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
Kings Grant Golf Course Ramsay 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 TOWN.		10-28-05	\$ 1920.00
						\$
5. Total only this Page					\$ 2188.14	
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
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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
Rise c/o Louise McQueen FAY NC	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Cycle Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	ck	Donation	12-19-05	\$ 50.00
				\$

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 / Legion Rd FAY NC 28306	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Cycle Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	ck	Box Rental	12/22/05	\$ 76.00
				\$

4. Payee Information Add Remove

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

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

5. Total only this Page \$ 126.00

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)

\$ 3692.16