

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 "Moose" Butler for Sheriff		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 64215 Fayetteville NC 28306		d. Date Filed 10-27-06	
		e. Phone Number 476-8642	

2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 7-1-06	4. Period End Date (mm/dd/yyyy) 10-21-06	5. Treasurer Full Name Phyllis Robertson 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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		9. Special Report Name		
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				

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 \$32,138.59		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 Robertson Williams **Phyllis Robertson Williams** **10-27-06**
 Principal Name of Signer Signature of Appointed Treasurer 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 Moose Butler</i>	<i>3rd Quarter</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>32,138.59</i>	\$ <i>18,761.64</i>	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ <i>2560.00</i>	
6) Contributions from Individuals (CRO-1210)	\$ <i>4130.00</i>	\$ <i>55,601.22</i>	
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)	\$ <i>8.06</i>	\$ <i>77.30</i>	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$ <i>100.00</i>	
12) "Goods and Services" Contributions (CRO-1260)	\$ <i>1900.00</i>	\$ <i>16,640.00</i>	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ <i>6038.06</i>	\$ <i>74,978.52</i>	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ <i>1394.48</i>	\$ <i>51,416.77</i>	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$ <i>500.00</i>	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$ <i>105.00</i>	
17) In-Kind Contributions (CRO-1510)	\$	\$ <i>4936.22</i>	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ <i>1394.48</i>	\$ <i>56,957.99</i>	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ <i>36,782.17</i>	\$ <i>36,782.17</i>	
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	\$	\$	

Contributions from Individuals

Amendment
 Yes 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	
Donovan McLaurin P.O. Box 97 Wade NC 28395	ret. red		
	c. Employer's Name/Specific Field		
		e. Election Cycle Sum to Date	
		\$ 1250.00	

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		9-18-06	\$ 250.00
<input type="checkbox"/>	1	ck		9-18-06	\$ 1000.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
Kevin Arrowood 428 King Rd Fay NC 28306	Owner		
	c. Employer's Name/Specific Field		
		e. Election Cycle Sum to Date	
		\$ 200.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	ck		9/20/06	\$ 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	
D. Keith Allison 401 Harlow Fay NC 28303	Owner		
	c. Employer's Name/Specific Field		
		e. Election Cycle Sum to Date	
		\$ 1640.00	

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		9/20/06	\$ 140.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1590.00
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	
Benny Davis 2392 Hwy 115 Kinston NC 28504		Owner			
		c. Employer's Name/Specific Field Law Enf. Calendars			
				e. Election Cycle Sum to Date	
				\$ 4510.00	
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		9/18/06	\$ 1250.00
<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	
Dan Raynor 630 Person St Fay NC 28301		Owner			
		c. Employer's Name/Specific Field Raynor Tire			
				e. Election Cycle Sum to Date	
				\$ 300.00	
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		9/26/06	\$ 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	
Fred McKinney Fay NC 28305		Retired			
		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"/>	1	ck		9/20/06	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1550.00
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

Amendment
 Yes 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) Tony Rand 2014 Ltho Pl Fay NC 28304	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field owner	
	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		9/21/06	\$ 140.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) James Conrad 305 Wareham Ct Fay NC 28311	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field retired	
	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"/>	1	ck		10-6-06	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Wallace 3717 Floyd Dr Hope Mills 28348	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field Deputy Cumb. Cty Sher. ff	
	e. Election Cycle Sum to Date \$ 600.00	

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		10/10/06	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ **540.00**

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
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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
Robert Kidd 4020 Arden Woods Dr Fay NC 28306	Patrolman	
	c. Employer's Name/Specific Field NC State	
		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"/>	1	ck		10-10-06	\$ 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
Charles Briggs 307 Arundel ct Fay NC 28311	retired	
	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"/>	1	ck		10-12-06	\$ 250.00
<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	\$ 450.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 4130.00

Other Receipt Sources

1. Committee Full Name (and Fund if applicable)				2. ID Number	
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 <i>(include city, state, & zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
July 2.73 August 2.72 September 2.61			c. Outside Source Explanation	interest	
			e. Election Cycle Sum to Date		
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$ 8.06	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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 <i>(include city, state, & zip)</i>			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				\$ 8.06	
6. Total of ALL CRO-1250 Pages				\$	
<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>					

Goods and Services (including Fundraisers)

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Earl "Moose" Butler		2. ID Number
3. Event Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kings Corant Golf Ramsey St. Fayetteville NC	b. Attendance (approx. count) 95	d. Date(s) Held (mm/dd/yyyy) FROM: 10/26/06
	c. Description GOLF TOURN.	TO:
		e. Total Event Amount \$ 8020.00

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					
	✓				1	10/26/06	\$ 50.00 per player 100. Sponser	\$ 1900.00
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

5. Total only this Page <i>(This should be the sum of all item '4g' from this page)</i>	\$ 1900.00
6. Total of ALL CRO-1260 Pages <i>(This line must be on line 12 of Detailed Summary Page CRO-1100)</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	
Rose McMullan 131 Dick St Fayetteville 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		7-3	\$ 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	
Alpha GOLF Tourn. P.O Box 1572 Fayetteville 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	donation		7-5	\$ 60.00
					\$
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	
NAACP P.O Box 363 65 Fayetteville NC 28303			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 1/2 pg		8-29.	\$ 75.00
					\$
5. Total only this Page					\$ 185.00
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

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
Mt. Zion Church Ch. Cleanfoot Rd Hope M. 115 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	donation	8/31	\$ 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
U S Postal Rowan St. 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	Stamps	9.11	\$ 78.00	
				\$	
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 Indian People 2173 Downing 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	9.12	\$ 40.00	
				\$	
5. Total only this Page				\$ 168.00	
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
City of Fayetteville Lamon St Fay NC 28301			c. Level Registered (Specify)		Rally
			<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
1			ck		Rental JPiddle
					i. Date (mm/dd/yyyy)
					9-13
					j. Amount
					\$ 405.00
					\$
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
Cape Fear Kiwanis 6773 St. Julian Way Fay NC 28314			c. Level Registered (Specify)		
			<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
1			ck		donation
					i. Date (mm/dd/yyyy)
					9-18-06
					j. Amount
					\$ 95.00
					\$
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
Eastover Central Baywood Rd FAY NC			c. Level Registered (Specify)		
			<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
1			ck		donation
					i. Date (mm/dd/yyyy)
					10/2
					j. Amount
					\$ 150.00
					\$
5. Total only this Page					\$ 650.00
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Merita Bread Black + Decker Rd Fay NC 28306			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	Judicial Rally	10-12	\$ 66-71	
				\$	
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
Int. Food Service 2801 Alex Lee Blvd Florence SC 29504			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	Rally	10-18	\$ 324.77	
				\$	
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
			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	
				\$	
				\$	
5. Total only this Page				\$ 391.48	
6. Total of ALL CRO-1310 Pages				\$ 1394.98	
<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>					