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	c. ID Number
Ed Melvin for Co. Commissioner	Y0X027
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
3017 Ravenhill DR Fayetteville NC 28303	10-27-06
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	7-11-06	10-21-06	Ed Melvin

6. Type of Committee *(Check one)*

- ☐ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☑ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name	b. Purpose	c. Code	d. Period Begin Balance
			$ 2200.88

10. Account Information

a. Financial Institution Full Name	b. Purpose	c. Code	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 swear that this report is complete, true and correct.

Edward Melvin — Printed Name of Signer

Edward Melvin — Signature of Appointed Treasurer

10-27-06 — Date

RECEIVED OCT 27 2006

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 ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Ed Melvin for Co Commissioner	3 QR	YOYOZ7

Start of Election Cycle: January 1, 2006		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2200.88	$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 4850.00	$ 4,920.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 1250.00	$ 1,250.00
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$ 10,000.00	$ 21,165.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$	$
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
12) "Goods and Services" Contributions	(CRO-1260)	$	$
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 16,100.00	$ 27,335.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 6924.14	$ 15,958.26
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
14c) Coordinated Party Expenditures	(CRO-1310)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 6924.14	$ 15,958.26
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 11,376.74	$ 11,376.74
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 21,165.00	
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 Other Political Committees

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melkin for Co. Commission	Y0Y027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
323-1421 N.C. Realtor PAC 4511 Weybridge Lane Greensboro, NC 27407	☐ Candidate ☒ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	check		9-22-06	$ 1250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

4. Total only this Page	$1250.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for Co. Commission	Y04027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
8679727 Harold Kidd 6885 Cliffdale Rd. Fayetteville N.C. 28314	Owner / Kidd Const.	Kidd Constr. 6885 Cliffdale Rd Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-4-06	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
8678809 W. Adam James 752 Halloway DR. Fayetteville N.C 28303	Retired Car Wash			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-20-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4259000 Terry Spell 1507 Lake Upchurch Rd Parkton N.C. 28371	Own / Real Estate Sales	Spell Real Est 1507 Lake Upchurch Parkton, NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-3-06	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,850.00

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin Dem Co. Commissioner	Y0Y027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
424 2261 JOHN TERRY 3009 BOLLA DR Fayetteville N.C. 28306	Retire Air Force			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		9-25-06	$ 200 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
484 8705 Carolyn Armstrong P.O. Box 53646 Fayetteville N.C. 28305	Real Estate Sales	Middle Comm Bkg 238 N. Bragg Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		10-11-06	$ 300 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
868 9856 George Hargrove 3314 Mandalay St. Fayetteville N.C. 28303	Retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	cash		10-6-06	$ 75.00
☐					$
☐					$

4. Total only this Page	$ ✓ 525 00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,850.00

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin For Co. Commission	404027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4843167 Dan Raynor 630 Person St. Fayetteville N.C. 28301	owner Tire & Ser. Sales person	Raynor Tire Grove St Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		10-2-06	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4840487 G.T. Horner Jr. 801 Fairfield Rd. Fayetteville N.C.	Retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		9-13-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4732955 George TAtum 6080 Cedar Creek Rd. Fayetteville N.C. 28312	NCDMV Director	DMV Raleigh, NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		9-7-06	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for County Commission	404027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
484 1212 Hank Debnam 705 Woodstone Ct Fayetteville, N.C. 28311-2500	Director C.C. Mental Health	Cumberland Co. Dick St. Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck.		9-1-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
424 3889 James Peterson 2312 Cypress Lake Rd. Fayetteville N.C. 28348	owner / Builder	Home —		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		8-22-06	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
483 9344 Steve Satishy 219 Devane St. Fayetteville N.C. 28305	Retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		8-14-06	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for Co. Commissioner	40 40 27

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
A. Johnson Chesnutt 578 Milden Rd. Fayetteville N.C. 28314 323 1040	Accountant	Chesnutt, CPA PO Box 87167 Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck.		10-1-06	$ 100 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
H. B. Smith 5375 Cedar Creek Rd. Fayetteville N.C. 28312 483 1043	Auctioneer	H B Smith Auct. 5375 Cedar Creek Rd Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	cash		8-17-06	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
George Bonds 261 Livermore DR Fayetteville N.C 28314 867 7050	retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	cash		9-10-06	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 500 00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for Co. Commissioner	YOYO 27

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4250918 Kenneth Edge 6874 Towbridge Rd. Fayetteville NC 28306	Retired Teacher			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		9-15-06	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
N.C. Realtor PAC 4511 Weybridge Lane Greensboro, NC 27407	Real Estate			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$ 4250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
4865757 C. Kim Nazarchyk 2108 Rock Hill Rd. Fayetteville NC 28301	Banker	BB&T Bowan St Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		10-6-06	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 375.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for Co. Commissioner	Y0Y027

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Roger F. Hall Jr. 425 5900 118 Bay Shore DR Parkton N.C. 28371 425.5900	Insurance	Hall Ins 118 Bay Shore Dr Parkton, NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-16-06	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Donova McLaurin 484 0016 P.O. Box 97 Wade, N.C. 28395	Realtor	McLaurin Realty Wade, NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-13-06	$ 950.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Cycle Sum to Date
Dennis Walters 483 1252 201 Hay St. Suite 301 Fayetteville N.C. 28301	Sales Insurance	Old Fay. Ins 201 Hay St Suite 301 Fay. NC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		10-25-06	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin For Co. Commission	404027

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
4846200 UP & Coming P.O Box 53461 Fayetteville N.C. 484.6200 28305	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		10-18-06	$ 106000
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
485.7955 International Minute Press 1327 Rabeson St Fayetteville N.C. 28305	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		10-26-06	$ 89.56
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
323 4848 Fayetteville observer 458 Whitfield St. Fayetteville NC, 28306	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		10-26-06	$ 145248
				$

5. Total only this Page	$2,602.04
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)*	$6,924.14

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Mekin For Co Commission	Y0Y027

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
Fayetteville Press 3635 St. 101C Sycamore Dairy Rd. Fayetteville N.C 28303 323-3120	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		8-21-06	$ 300 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Kiwy Sign Co. 2598 Raeford Rd. Fayetteville N.C 425-7471 28305	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		10-18-06	$ 2000 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
3234848 Fayetteville Observer 458 Whitfield St. Fayetteville N.C 3234848 28306	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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		10-18-06	$ 992 10
				$

5. Total only this Page	$3,292 10
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

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for Co Commission	40404 27

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
Cape Fear Publishing P.O. Box 57947 Fayetteville N.C 423.6500 28305	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ 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		7-31-06	$ 475.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Fayetteville Press 3635 Ste 101 C Sycamore Dairy Rd. Fayetteville NC 28303 323 3120	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ 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		8-21-06	$ 300 00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NAACP 607 Murchison Rd Fayetteville NC 484 6166 28301	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ 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		9-8-06	$ 255.00
				$

5. Total only this Page	$1030.00
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)*	$

Loan Proceeds

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Ed Melvin for County Commissioner	

3. Lender Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Ed Melvin 3017 Ravenhill DR Fayetteville N.C. 28303 3914028	owner Tire Sales + Ser.	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%	NA	1	CK	$10,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$10,000.00

5. Total of ALL CRO-1410 Pages $
(This line must be on line 9 of Detailed Summary Page CRO-1100)