

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 <i>Committee to Elect Eddie Dees Hope Mills Mayor</i>	c. ID Number <i>T64102</i>
b. Mailing Address (include City, State and Zip Code) <i>3578 Barbary Bluff Hope Mills NC 28348</i>	d. Date Filed <i>08/02/2005</i>
	e. Phone Number <i>(910) 425-3072</i>

2. Report Year <i>2005</i>	3. Period Start Date (mm/dd/yyyy) <i>08/02/2005</i>	4. Period End Date (mm/dd/yyyy) <i>10/24/2005</i>	5. Treasurer Full Name <i>Floyd Edward Dees</i>
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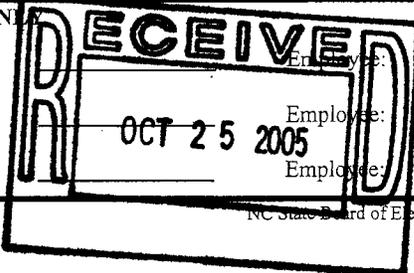
6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <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:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input checked="" 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 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
		9. Special Report Name _____		

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>BB & T</i>		a. Financial Institution Full Name	
b. Purpose <i>Checking for receipts & expenses</i>	c. Code <i>1</i>	b. Purpose <i>Campaign</i>	c. Code
	d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Floyd Edward Dees *Floyd Edward Dees* *10/25/2005*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		Delivery Method
Date Received: _____		<input type="checkbox"/> Normal Mail
Date Postmarked: _____		<input type="checkbox"/> Registered Mail
Date Scanned: _____		<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Eddie Dees Hope Mills Mayor						T6410Z	
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	
Regina Hale 3216 Lillian Place Fayetteville NC 28306				Housewife			
				c. Employer's Name/Specific Field			
						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	check		9/28/2005	\$ 300 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	
Billy Dees 5555 Trade St. Hope Mills NC 28348				Contractor			
				c. Employer's Name/Specific Field			
				Self Employed		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	check		10/07/05	\$ 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	
Phyllis Warner 2702 Greenbay Rd. Fayetteville NC 28303				Teacher			
				c. Employer's Name/Specific Field			
				Cum. Co. Schools		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	check		10/21/05	\$ 150 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 600 ⁰⁰		
5. Total of ALL CRO-1210 Pages					\$ 600 ⁰⁰		
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Eddie Dees Hope Mills Mayor				76910Z	
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	
Fayettev. No Observer 458 Whitfield St. Fayettev. No 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:	\$ 295 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Advertising	10/06/2005	\$ 147 ⁶⁰	
				\$	
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	
Fayettev. No Observer 458 Whitfield St. Fayettev. No 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:	\$ 369 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	Advertising	10/21/2005	\$ 73 ⁸⁰	
				\$	
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				\$ 221 ⁴⁰	
6. Total of ALL CRO-1310 Pages				\$ 221 ⁴⁰	
<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>					