1st Report — gone over with Ms. Farrior — due 10 days

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
Board of Education Campaign ~~Hawks-Farrior~~	56-2210669
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1707 Eldridge Street Fayetteville, NC 28301	
	e. Phone Number
	488-2975

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2004	8-31-04	10-31-04	Betty Pelsey

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		
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name		b. Purpose	c. Code
Branch Bank + Trust			
	d. Period Begin Balance		**d. Period Begin Balance**
	$		$

10. Account Information

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

Betty Pelsey	Betty Pelsey	11/8/04
Printed 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 ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Helen Farrior Board of Ed.		31Y958

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 5,867-	$ 5867-
6) Contributions from Individuals	(CRO-1210)	$ 1,300-	$ 1300-
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$ 500-	$ 500-
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)*		$ 7,667-	$ 7667-
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 4,609.50	$ 4609.50
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)*		$	$
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 3057.50	$ 3057.50
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 500.00	
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 Individuals

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Board of Education Hooks-Farrior	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Fannie S. Tysor 1851 Cascade St. Fayetteville, NC 28301	Retired Educator 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
☐	1	Ck.		8-19-04	$250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Michael C. Boose 214 Dick St. Fayetteville, NC 28301	Attorney at Law 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
☐	1			8-19-04	$150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Sidney E. Thompson 2911 Breezewood Ave Fayetteville, NC 28303	Doctor Dermatologist 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
☐	1			10-21-04	$500.00
☐					$
☐					$

4. Total only this Page	$ 900.00
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

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
Lila Washington Washington & Pitts PLLC 117 Person Street Fayetteville, NC 28301	Atty at Law			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1			10-13-04	$ 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
Melvin Henderson 132 Great Oaks Henderson Fayetteville, NC 28303	Doctor/Educator			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1			10-13-04	$ 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
				$

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

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)*	$

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Board of Education Campaign Hooks-Farrior	

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
BB+T (Betty Pelsey) 1751 Eldridge Street Fayetteville, NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Cookout food items	10-01-2004	$145.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Sam Club 5 Shiloh Rd Fay. NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Cook-out food-	09-30-2004	$137.84
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Thomas + Howard Robeson Street Fayetteville, NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Chafer Rack (cook-out)	09-30-2004	$15.51
				$

5. Total only this Page	$298.35
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
Board of Education Campaign Hooks-Farrior	

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Kinlaw Grocery Sogona Rd Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Cook out-fish		$131.10
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
US Postal Green St. Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Stamps	10-05-2004	$55.50
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
The Fayetteville Press PO Box 9166 Fay. NC 28311		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Advertisement	10-16-2004	$200.00
				$

5. Total only this Page	$386.60
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
Board of Education Campaign Hooks - Farrior	56-2210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Speedi Print, Inc 2001 Franklin St Fay. NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Campaign Cards, Banner	09-13-2004	$ 112.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Terry Sanford Booster Club 2301 Ft. Bragg Rd Fay. NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Advertisement	08-16-2004	$ 150.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Fayetteville Branch NAACP 609 Murchison Rd Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Advertisement/Ticket	09-13-2004	$ 85.00
				$

5. Total only this Page	$ 347.00
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)*	$

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ 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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
NAACP 609 Murchison Rd Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CK	Banquet Ticket	10-17-2004	$35.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Allen Newsome 1705 Eldridge St. Fayetteville, NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	CK	Feeding Signs	09-20-2004	$40.00
				$

4. Payee Information ☐ Add ☐ Remove

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

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

5. Total only this Page	$ 75.00
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)*	$

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ No

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

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Charles E Evans 926 Flintwood Dr Fay. NC 28305		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Placing Signs + Gas	10-29-2004	$50.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Larry Godbold 334 Rock Hill Rd Fay. NC 28312		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Purching Signs	10-26-2004	$400.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
James Bradley 997 Hillsboro St Fayetteville, NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Placing Signs	10-25-2004	$200.00
				$

5. Total only this Page	$ 650.00
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)*	$

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Board of Education Campaign Hooks-Farrior	

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
Michael Evans 1201 Simpson St Fay. NC 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
	CK	Gas + Plastring up Signs	10-25-2004	$25.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Renita Vega 1705 Eldridge St Fayetteville, NC 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
	CK	TK Sign Painting	10-23-2004	$100.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Henry L. Maynor 1302 Apricot Fay. NC 28311	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
	CK	Cook-out Oil + Gas	10-18-2004	$25.00
				$

5. Total only this Page $ 150.00

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)

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Board of Education Campaign Hooks-Farrior	56-2210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Ross Sign Company 3003 Murchison Rd Fayetteville, NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Magnetic Sign(3)	08-09-2004	$ 96.30
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
International Minute Press 1327 Robeson St. Fayetteville, NC 28305		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Invitations	08-18-2004	$ 52.75
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Williams Printing Bragg Blvd Fay. NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Self ink Stamp	08-16-2004	$ 19.21
				$

5. Total only this Page	$ 168.26
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
Board of Education Campaign Hooks-Farrior	56-2210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
US Postal Service 301 Green St Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Stamps	08-30-04	$ 37.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Fayetteville Publishing Company PO Box 849 Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Advertising	06-15-2004	$ 80.40
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Tim Jackson 3003 Murchison Rd Fay. NC 28313		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Campaign Sign Printing	09-09-2004	$ 260.00
				$

5. Total only this Page	$ 377.40
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
Board of Education Campaign Hooks-FARRIOR	

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
EE Smith Booster Club 1600 Seabrook Rd Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Advertisement	08-24-2004	$150.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Orange Street Historical Ass 1600 Orange St Fay. NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Reception	08-24-2004	$100.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Tim Jackson 3003 Murchison Rd Fay. NC 28303		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	CK	Signs Painting	08-25-2004	$400.00
				$

5. Total only this Page $650.00

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)

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Board of Education Campaign	06221066 9

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
Betty Pelsey 1711 Eldridge St Fay. NC 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
	Check	Reception for Food purchase Poll Worker Delivery	11-05-2004	$200.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Julia Kelly 1844 Broadell Dr Fay. NC 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
	Check	Poll worker - Food Delivery	11-05-2004	$25.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Roy McBryde 3306 Bancroft Fay. NC 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
	Check	Poll worker	11-05-2004	$50.00
				$

5. Total only this Page	$275.00
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)*	$

Disbursements

Pg ___ of ___

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks - Farrior Board of Education Campaign	56 2210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Cross Creek Screen Printing 5223 Raeford Road Suite 101 Fay. NC 28304		☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check #1071	TShirts (25)	11-01-2004	$326.89
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Beulah Carvee 864 W. Orange Street Fay. N C 28301		☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Food Prep Reception	11-05-2004	$50.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Renita Vega 1705 Eldridge St Fay. NC 28301	11-05-2004	☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Computer Screen Ad.	11-11-2004	$150.00
				$

5. Total only this Page $526.89

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
Hooks-Farrior Board of Education Campaign	56221066 9

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Winter Holyfield 2315 Regan St Fay NC 28301		☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Poll Worker	11-05-2004	$25.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Willie Martin 614 Bessemer Cir Fay. NC 28301		☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Poll Worker	11-05-2004	$25.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Hannah Martin 614 Bessemer Cir Fay. NC 28301		☐ Federal ☐ County ☐ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Poll Worker	11-05-2004	$25.00
				$

5. Total only this Page	$ 75.00
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)*	$

Disbursements

Pg ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Campaign Board of Education	562210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Matthew Hooks Jr. 1373 Nash Johnson Pond Rd Magnolia, NC 28453		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-05-2004	$ 50.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Patricia Brown Jones 605 Oakridge Ave Apt 2 Fay. NC 28305		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-05-2004	$ 50.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Linda Meekins 1412 Cobra Dr. Fay. NC 28303		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-08-2004	$ 50.00
				$

5. Total only this Page $ 150.00

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)

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-FARRIOR Campaign Board of Education	56 2210669

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	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
James Bradley 997 Hillsboro St Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-05-2004	$100
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Herman C. Wilson, Jr 222 Topeka St Fay. NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-05-2004	$150.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle Sum to Date
Charles E. Evans 926 Fleetwood Dr Fay. NC 28305		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Pollworker	11-05-2004	$75.00
				$

5. Total only this Page	$ 325.00
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)*	$

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Board of Education Campaign	56221066 9

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
Teressa Ross 1826 Broadell Dr. Fay. NC 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
	Check	Poll Worker	11-05-2004	$25.
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Sabrina Bostick 1826 Broadell Dr. Fay. NC 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
	Check	Poll Worker	11-05-2004	$25.00
				$

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Tony Mosley 245 Alexander St Fay. NC 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
	Check	Poll Worker	11-05-2004	$25.00
				$

5. Total only this Page $75.00

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 15c 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
Hooks-Farrior Board of Education Campaign	56221066 9

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
Rasa L. Torrey 1909 Ernest St. Fay. NC 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
	Check	Reception Preparation	11-05-2004	$80.00
				$

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): ☐ 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
				$
				$

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): ☐ 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
				$
				$

5. Total only this Page	$ 80.00
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)*	$

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Campaign Hooks for Prior of Education

2. ID Number: 56-2210669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		09-08-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-06-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-27-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-06-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-07-2004	$ 10.00
☐ Add ☐ Remove	1			09-24-2004	$ 75.00
☐ Add ☐ Remove	1	Check		09-20-2004	$ 20.00
☐ Add ☐ Remove	1	check		09-14-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-25-2004	$ 5.00
☐ Add ☐ Remove	1	Check		08-31-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-2-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 4.00
☐ Add ☐ Remove	1	Check		09-16-2004	$ 15.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 5.00
☐ Add ☐ Remove	1	Check		09-09-2004	$ 50.00
☐ Add ☐ Remove	1	check		09-02-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 5.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 5.00

4. Total only this Page: $ 454.00

5. Total of ALL CRO-1205 Pages: $

(This line must be on line 5 of Detailed Summary Page CRO-1200.)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign Hooks & ORRIOR Board of Education	56-2210669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		08-23-2004	$ 25.00
☐ Add ☐ Remove	1	Check		08-22-2004	$ 15.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 10.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-27-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-18-2004	$ 15.00
☐ Add ☐ Remove	1	Check		09-21-2004	$ 30.00
☐ Add ☐ Remove	1	Check		08-20-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-27-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-22-2004	$ 25.00
☐ Add ☐ Remove	1	Check		08-17-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-10-2004	$ 35.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-04-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-21-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		08-30-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		08-18-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-23-2004	$ 75.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-31-2004	$ 50.00
					$ 705.00

4. Total only this Page $

5. Total of ALL CRO-1205 Pages $

(This line must be on line 5 of Detailed Summary Page CRO-1206.)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Campaign Hooks for Rio Board of Education

2. ID Number: 56-2210669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10-03-2004	$ 5.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-13-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-09-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-24-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-10-2004	$ 10.00
☐ Add ☐ Remove	1	Check		08-30-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 5.00
☐ Add ☐ Remove	1	Check		09-06-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-07-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 15.00
☐ Add ☐ Remove	1	Check		08-25-2004	$ 30.00
☐ Add ☐ Remove	1	Check		09-10-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-14-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-19-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-27-2004	$ 40.00
☐ Add ☐ Remove	1	Check		09-03-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-19-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-10-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-15-2004	$ 15.00

4. Total only this Page: $ 565.00

5. Total of ALL CRO-1205 Pages: $

(This line must be on line 5 of Detailed Summary Page CRO-1200.)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Hooks FORRIOR Board of Educa

2. ID Number: 56-2210664

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10-03-2004	$ 15.00
☐ Add ☐ Remove	1	Check		10-04-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-13-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-30-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-24-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-29-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-01-2004	$ 18.00
☐ Add ☐ Remove	1	Check		10-09-2004	$ 15.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-09-04	$ 50.00
☐ Add ☐ Remove	1	Check		10-01-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-19-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-05-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-05-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-04-2004	$ 25.00

4. Total only this Page $ 633.00

5. Total of ALL CRO-1205 Pages $

(This line must be on line 5 of Detailed Summary Page CRO-1206)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Campaign Hooks - Farrior Board of Education

2. ID Number: 562216669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-04-2004	$ 25.00
☐ Add ☐ Remove	1	Chek		10-05-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-08-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-04-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-9-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-11-2004	$ 15.00
☐ Add ☐ Remove	1	Check		10-06-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-18-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-14-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-29-2004	$ 30.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 5.00
☐ Add ☐ Remove	1	Check		10-01-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-11-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-19-2004	$ 50.00
☐ Add ☐ Remove	1	Cash		10-12-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-21-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-19-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-21-2004	$ 15.00
☐ Add ☐ Remove	1	Check		10-15-2004	$ 50.00
☐ Add ☐ Remove	1	Check		11-02-2004	$ 35.00
☐ Add ☐ Remove	1	Check		10-19-2004	$ 25.00

4. Total only this Page $ 690.00

5. Total of ALL CRO-1205 Pages $

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Helen Hooks for Jor Board of Education

2. ID Number: 56 2210669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10-02-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-07-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-29-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-17-2004	$ 50.00
☐ Add ☐ Remove	1	Check		08-20-2004	$ 15.00
☐ Add ☐ Remove	1	Check		10-09-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-06-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-09-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-20-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-25-2004	$ 25.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove	1	Check		10-29-2004	$ 25.00
☐ Add ☐ Remove	1	Check			$ 30.00
☐ Add ☐ Remove	1	Check		10-22-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-13-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-15-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-21-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-12-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-21-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-23-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-13-2004	$ 50.00
☐ Add ☐ Remove	1	Cash		08-24-2004	$ 20.00
☐ Add ☐ Remove	1	Check		08-19-2004	$ 25.00

4. Total only this Page $ 620.00

5. Total of ALL CRO-1205 Pages $

(This line must be on line 5 of Detailed Summary Page CRO-1200)

Aggregated Contributions from Individuals

Page ____ of ____ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Campaign Hooks-Farrior Board of Education

2. ID Number: 56 221068

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm-dd-yyyy)	f. Amount
☐ Add ☐ Remove					$
☐ Add ☐ Remove	1	Check		08-17-2004	$ 25.00
☐ Add ☐ Remove	1	Check		09-19-2004	$ 60.00
☐ Add ☐ Remove	1	Check		08-17-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-30-2004	$ 30.00
☐ Add ☐ Remove	1	Check		09-19-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-23-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 25.00
☐ Add ☐ Remove	1	Cash		10-26-2004	$ 5.00
☐ Add ☐ Remove	1	Check		10-25-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-09-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-23-2004	$ 10.00
☐ Add ☐ Remove	1	Check		10-23-2004	$ 20.00
☐ Add ☐ Remove	1	Check		10-22-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-25-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-30-2004	$ 25.00
☐ Add ☐ Remove	1	Chek		10-26-2004	$ 100.00
☐ Add ☐ Remove	1	check		11-02-2004	$ 25.00
☐ Add ☐ Remove	1	Cash		10-23-2004	$ 5.00
☐ Add ☐ Remove	1	Check		10-25-2004	$ 50.00
☐ Add ☐ Remove	1	Cash		08-17-2004	$ 15.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 30.00
☐ Add ☐ Remove					$

4. Total only this Page $ 670.00

5. Total of ALL CRO-1205 Pages $

(This line must be on line 5 of Detailed Summary Page CRO-1200)

Aggregated Contributions from Individuals

Page ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Board of Education Campaign	56-221066

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		08-28-04	$ 100.
☐ Add ☐ Remove	1	Check		08-19-04	$ 100.
☐ Add ☐ Remove	1	Check		08-19-04	$ 100.
☐ Add ☐ Remove	1	Check		09-22-04	$ 100.
☐ Add ☐ Remove	1	Check		-19-04	$ 100
☐ Add ☐ Remove	1	Check		10-8-04	$ 100
☐ Add ☐ Remove	1	Check		10-5-04	$ 100
☐ Add ☐ Remove	1	Check		10-8-04	$ 100
☐ Add ☐ Remove	1	Check		10-12-04	$ 100
☐ Add ☐ Remove	1	Check		10-12-04	$ 100
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 1000.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

Page ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Board of Education Campaign	56-2210669

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	check		09-26-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-29-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 25.00
☐ Add ☐ Remove	1	Check		10-03-2004	$ 20.00
☐ Add ☐ Remove	1	check		10-02-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-13-2004	$ 50.00
☐ Add ☐ Remove	1	Check		09-29-2004	$ 15.00
☐ Add ☐ Remove	1	check		09-26-2004	$ 10.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 15.00
☐ Add ☐ Remove	1	check		09-21-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-20-2004	$ 5.00
☐ Add ☐ Remove	1	check		09-28-2004	$ 25.00
☐ Add ☐ Remove	1	Cash		10-03-2004	$ 20.00
☐ Add ☐ Remove	1	Cash		09-30-2004	$ 20.00
☐ Add ☐ Remove	1	Check		09-26-2004	$ 50.00
☐ Add ☐ Remove	1	Check		10-29-2004	$ 30.00
☐ Add ☐ Remove	1	Check		09-28-2004	$ 25.00
☐ Add ☐ Remove	1	check		09-27-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	check		09-26-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 25.00
☐ Add ☐ Remove	1	check		10-03-2004	$ 25.00

4. Total only this Page	$ 555.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 530 —

Debts and Obligations Owed By the Committee

Pg ____ of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hooks-Farrior Board of Education Campaign	56221 0669

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
Twiford Printing Co. Inc PO. Box 728 Dunn, N C 28335	b. Description of Creditor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$ 0	$ 0	$ 1208.03	$ 1208.03

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	$		$

g3. Item Description	g3. Item Description

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
	b. Description of Creditor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	$		$

g3. Item Description	g3. Item Description

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

4. Total only this Page *(This should be the sum of all item '3f' from this page)*	$
5. Total of ALL CRO-1610 Pages *(This line must be on line 22 of Detailed Summary Page CRO-1100)*	$

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- **Name of committee to receive loan:** Hooks-Farrior Board of Education Campaign
- **Person lending money to committee (Lender):** Helen H. Farrior
- **Date of loan to committee:** 6-15-04
- **Name of lending institution and account number (source):**
- **Amount of loan:** $500.00
- **Names of all parties responsible for payment of loan (guarantors):**
- **Period of loan:**
- **Rate of interest of loan:** 0
- **Security pledged for loan:** 0

I, Helen H. Farrior, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Helen H. Farrior
Signature of Lender

Betty Tilley
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.