

Special Report

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: Committee to elect Kim Fisher; c. ID Number: 09 Y071; b. Mailing Address: 2119 Woods End Dr Fayetteville, NC 28312; d. Date Filed: 7-7-06; e. Phone Number: 910484-2333

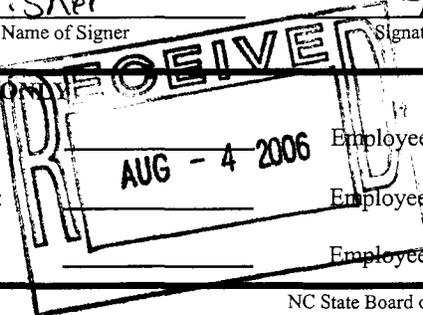
2. Report Year: 2006; 3. Period Start Date: 7-22-06; 4. Period End Date: 8-3-06; 5. Treasurer Full Name: Cheryl C. Hudson

6. Type of Committee: Candidate Campaign; 7. Type of Fund: Soft Money Account; 8. Type of Report: Municipal; 9. Special Report Name

10. Account Information: Bank of America; b. Purpose: document loan; c. Code: 1; d. Period Begin Balance: \$ 100.00

CERTIFICATION: I certify that the Committee is in compliance with all provisions of Article 22A... Kim Fisher (Printed Name of Signer), Kim Fisher (Signature of Appointed Treasurer), 8-3-06 (Date)

FOR OFFICE USE ONLY: Date Received, Date Postmarked, 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
Committee to Elect Kim Fisher	organizational	094071
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 4	\$ 105
6) Contributions from Individuals (CRO-1210)	\$ 400	\$ 400
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 1000	\$ 1000
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)	\$ 1400	\$ 1505
EXPENDITURES		
14) Disbursements (CRO-1310)		5
14a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$	\$ 5
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 1500	\$ 1500
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1000.00	
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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect K.M Fisher					09Y071	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Fisher 6445 E. Hampton Rd Fayetteville, NC 28334			Director - Blood Donor Center			
			c. Employer's Name/Specific Field			
			Cape Fear Valley Medical Center		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	check		7-26-06	\$ 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	
Frank Barragan PO Box 53012 Fayetteville, NC 28305			Banker			
			c. Employer's Name/Specific Field			
			BBNT		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	check		7-26-06	\$ 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	
			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					\$	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Loan Proceeds

Amendment
Pg ____ of ____ Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Lender 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	
Mark Fisher 2119 Woods End Dr Fayetteville NC 28312		General Manager		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field		f. End Date (mm/dd/yyyy)	
		Lafayette Ford			
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %			Check	\$ 1000 ⁶⁰	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
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	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					