

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

Do not use this form to update information

| | |
|---|--|
| 1. Committee Information | |
| a. Full Name <i>Committee to Elect Jarryaucate</i> | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) <i>2605 Dartmouth Dr Fay, NC 28304</i> | d. Date Filed <i>7/27/09</i> |
| | e. Phone Number <i>910-484-2062</i> |

| | | | |
|--------------------------------------|---|---|---|
| 2. Report Year <i>2008</i> | 3. Period Start Date (mm/dd/yy) <i>10/19/08</i> | 4. Period End Date (mm/dd/yy) <i>12/31/08</i> | 5. Treasurer Full Name <i>Kristie F. West</i> |
|--------------------------------------|---|---|---|

| | | | | |
|---|---|--|--|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> NC Political Party Financing Fund | | Semi-annual | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | Semi-annual | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | |
|---|--|
| 11. Account Information | |
| a. Financial Institution Full Name <i>State Employees Credit Union</i> | |
| b. Purpose <i>Checking</i> | c. Account Code |
| | d. Period Begin Balance \$ <i>1501.95</i> |

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections

Kristie F. West *Kristie F. West* *1/10/08*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *7/27/09* Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Signer has not received mandatory training

Please Note: This form 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 committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|--|-----------------------------|---------------------------|
| Committee to Elect Larry Land Fourth Qtr. | | |
| Start of Election Cycle: <u>January 1, 2008</u> | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$1501.95 | \$ 0 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 50.00 | \$ 440.00 |
| 6) Contributions from Individuals (CRO-1210) | \$ 260.00 | \$ 2535.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 125 | \$ 300.00 |
| 9) Loan Proceeds (CRO-1410) | \$ 1628.40 | \$ 1628.40 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 2.16 | \$ 3.92 |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1940.56 | \$ 4957.32 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 2379.33 | \$ 4645.07 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ | \$ |
| 15) Loan Repayments (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 2750.93 | \$ 2265.74 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1063.18 | \$ 1063.18 |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | \$ |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | \$ |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | \$ |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | \$ |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | \$ |
| 25) Administrative Support (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ |

Contributions from Individuals

Pg 1 of 1 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Committee to Elect Larry Lancaster | | | | | | |
| 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 | |
| Dallas Freeman 961 Kaywood Fay. NC 28311 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 600.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/22/08 | \$ 600.00 | |
| <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 | |
| Dennis Walters 304 Mason St. Fay. NC 28301 | | | Insurance | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Old Fayetteville | | e. Election Sum to Date | |
| | | | Insurance | | \$ 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 | | 10/31/03 | \$ 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 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 | | | | | \$ 260.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 260.00 | |

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|--|---------------------------|--|---------------------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Elect Larry Lancaster | | | | | |
| 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | |
| <input checked="" type="checkbox"/> Interest | | <input type="checkbox"/> Contributions from Not-for-Profit Organizations | | <input type="checkbox"/> Outside Sources of Income | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| SECU 651 Executive Pl. Fay, NC 28305 | | | | | |
| | | | c. Outside Source Explanation | e. Election Sum to Date | |
| | | | | \$ 3.92 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | Credit | | 12/16/08 | \$ 2.16 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | c. Outside Source Explanation | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | c. Outside Source Explanation | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 2.16 | |
| 6. Total of ALL CRO-1250 Pages | | | | \$ 2.16 | |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> | | | | | |
| <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> | | | | | |
| <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> | | | | | |

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Committee to Elect Larry Lancaster | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" 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 | |
| SECU 651 Executive Pl. Fay. NC 28305 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 71.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit | K | 12/14/08 | \$ 3.00 | Bank Fees | | |
| | | | | \$ | | | |
| 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 | |
| Williams Printing + Office Supply #1033 Bragg Blvd. Fay. NC 28302 - 2505 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 747.93 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | B | 10/23/08 | \$ 747.93 | Election Mailers | | |
| | | | | \$ | | | |
| 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 | |
| Direct Mail Service PO Box 1415 Fay. NC 28302 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election 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 Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | B | 10/24/08 | \$ 1628.40 | Mailing | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2379.33 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | O* - Other | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Loan Proceeds

Pg ____ of ____ Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|---|----------------------------|--|---------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Elect Jimmy Januante | | | | | |
| 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 | |
| Debra Januante 2602 Dartmouth Dr Fay NC 28304 | | | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | | | 10/24/08 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| % | | 01 | Check | \$1628.40 | |
| 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 | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages | | | | \$ | |
| (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | |