9-26-05

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
Lois A. Kirby	56YBQC
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
112 N. Churchill Dr. Fayetteville, N.C. 28303	9-26-05
	e. Phone Number
	910-484-6055

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	9-6-05	9-23-05	Mikele Haywood

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
BB&T Bank	City Council	1	$

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 say that this report is complete, true and correct.

Mikele Haywood — Mikele Haywood — 9-26-05
Printed Name of Signer — Signature of Appointed Treasurer — Date

RECEIVED SEP 26 2005

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
Lois A. Kirby		S64BQO

Start of Election Cycle: January 1, 2005		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1175.00	$ 1175.00
6) Contributions from Individuals	(CRO-1210)	$ 2700.00	$ 2700.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 150.00	$ 150.00
9) Loan Proceeds	(CRO-1410)	$	$
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)*		$ 4025.00	$ 4025.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 1274.14	$ 1274.14
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)*		$ 1274.14	$ 1274.14
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 2750.86	$ 2750.86
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		$	$

Aggregated Contributions from Individuals

Page 1 of ___ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S64BQ0

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	ck		8-16-05	$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 50.00
☐ Add ☐ Remove	1	cash		8-23	$ 100.00
☐ Add ☐ Remove	1	cash			$ 20.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	ck			$ 100.00
☐ Add ☐ Remove	1	cash		8-11	$ 5.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 1175.
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 2 of ___ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S6XBQ0

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
Murray & Dugsins 1100 Offshore Dr. Fayetteville, NC. 28305	Developer	United Developer		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		8-23-05	$ 1000.00
☐					$
☐					$

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
John Koenig 1763 Wilmington Hwy. Fayetteville, NC. 28306 910-391-2977	Realtor	Koenig Real Estate Owner		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		8-23-05	$ 250.00
☐					$
☐					$

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
Jackie Harr 200 Dobbin Ave. Fayetteville, NC 28305 423-8895	Builder	Owner		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		8-23-05	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 1,450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2700.00

Contributions from Individuals

Pg 3 of ___

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S6YBQ0

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
J. Wayne Riggins, D.D.M.D 122 Hillside Ave Fayetteville, N.C. 28301	Dr.	Cape Fear Eye Associates		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9-16-05	$ 250.00
☐					$
☐					$

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
Richard Sherrill 1516 Morganton Rd. Fayetteville, N.C. 28305 323-0245	Dermatologist			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		9-16-05	$ 500.00
☐					$
☐					$

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
Warren Copenhaver 2920 Hybart St. Fayetteville, N.C. 28303 864-4906	Realtor	Re Max Real Estate		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		9-16-05	$ 500.00
☐					$
☐					$

4. Total only this Page (1250)	$ 250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 2700.00

Contributions from Other Political Committees

Pg 4 of ___ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S6YBQ0

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
D.J. Haire Election Campaign 709-M Filter Plant Dr. Fayetteville, N.C. 28301	☐ 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		8-23-05	$ 150.00
				$
				$

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	$ 150.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 150.00

Disbursements

Pg 5 of ___ Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S01BQO

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
Williams Printing 1033 Bragg Blvd. Fayetteville, N.C. 28302 910-323-2220		☐ Federal ☐ County: ☐ State ☑ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	check	Print door hangers + envelopes	8-25-05	$ 415.16
				$

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 201 Franklin St. Fayetteville, N.C.		☐ Federal ☐ County: ☐ State ☑ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	check	copies	9-8-05	$ 14.98
				$

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 201 Franklin St. Fayetteville, N.C.		☐ Federal ☐ County: ☐ State ☑ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1	check	Print Mailer	9-23-05	$ 238.38/00
				$

5. Total only this Page	$ 668.52
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)*	$ 1274.14

Disbursements

Pg 6 of ____

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Lois A. Kirby	S64BQ0

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
Benton Card Co. 105 South Wall St. Benson, N.C. 27504 919-894-3661	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	check	SIGNS	9-15-05	$ 605.62
				$

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	$ 605.62
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)*	$ 1274.14