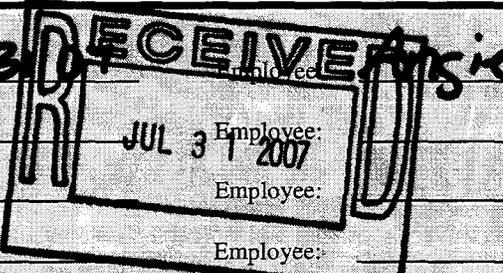


Disclosure Report Cover

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 | | c. ID Number | |
| NO 2 Referendum Committee | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 1855 CASCADE STREET FAYETTEVILLE, NC 28301 | | 27 July 2007 | |
| | | e. Phone Number | |
| | | 910-488-7830 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2006 | 02-17-2007 | 06-30-2007 | Alicia S. Chisolm |
| 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 <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| Bank of America | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Checking for Receipts and Expenses | | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 569.36 | | \$ |
| 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 and that I have been trained by the NC State Board of Elections according to Article 63.278.9(k). | | | |
| Alicia S. Chisolm | | [Signature] | 27 July 2007 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 7/30/07 | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: | | | |
| Date Scanned: | | | |
| Date Data Entered: | | | |
|  | | | |
| 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 <input checked="" type="checkbox"/> | 2. ID Number |
| NO 2 Referendum Committee | | | |
| Start of Election Cycle: January 1, 2006 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 569.36 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | \$ 361.28 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 0.00 | \$ 5,804.89 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c) | | \$ 0.00 | \$ 6,226.17 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 60.00 | \$ 3,909.21 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | \$ |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | \$ |
| 14) Loan Repayments (CRO-1420) | | \$ | \$ |
| 15) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ | \$ |
| 16) In-Kind Contributions (CRO-1510) | | \$ | \$ 1,809.60 |
| 17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | | \$ | \$ |
| 18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | | \$ 509.36 | \$ 509.36 |
| ADDITIONAL INFORMATION | | | |
| 19) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | |
| 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ | |
| 21) Debts and Obligations owed By the Committee (CRO-1610) | | \$ | |
| 22) Debts and Obligations owed To the Committee (CRO-1620) | | \$ | |
| 23) Account Transfers Within the Committee (CRO-1720) | | \$ | |
| 24) Administrative Support (CRO-1710) | | \$ | \$ |
| 25) Forgiven Loans (CRO-1440) | | \$ | \$ |
| 26) 48-Hour Notice Reports Sum | | \$ | \$ |

Disbursements

| | | | | | |
|---|--------------------|--|----------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| NO2 REFEREDUM COMMITTEE | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| BANK OF AMERICA FEB \$12.00 MAY \$12.00 MAR \$12.00 JUN \$12.00 APR \$12.00 | | c. Level Registered (Specify) | | SERVICE CHARGES ON CHECKING ACCOUNT | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Cycle Sum to Date | |
| f. Account Code | g. Form of Payment | h. Purpose | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | DRAFT | SERVICE CHARGE | | \$60.00 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | \$ | |
| 6. Total of ALL CRO-1310 Pages | | | | \$ | |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |