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
Committee TO Elect Marshall B Pitts, JR	6VY45C
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO Box 207 Fayetteville, NC 28302	
	e. Phone Number
	(910) 486-3302

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10-25-05	12-31-05	Marshall B. PITTS, SR

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
OMNI NATL BNK		FOR Campaign Expenses	532812758
			d. Period Begin Balance
			$45296.19

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.

Marshall B. PITTS, SR	Marshall B. Pitts, Sr	1-27-06
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: 1/27/06 Employee: Single

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

RECEIVED JAN 27 2006 NC State Board of Elections

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 Marshall B. Pitts, JR	Semiannual YR End	6VY45C

Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 45296.19	$ 5317.74
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1755.00	$ 16890
6) Contributions from Individuals	(CRO-1210)	$ 5261.01	$ 47706.01
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	(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)*		$ 7016.01	$ 64596.01
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 27826.02	$ 44202.57
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$ 1225
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)*		$ 27826.02	$ 45427.57
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 24486.18	$ 24486.18
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		$	$

Aggregated Contributions from Individuals

Page 1 of ___

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6VY45C

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	532812758	Check		10-30-05	$ 100
☐ Add ☐ Remove	"	"		10-28-05	$ 100
☐ Add ☐ Remove	"	"		10-26-05	$ 25
☐ Add ☐ Remove	"	"		11-1-05	$ 100
☐ Add ☐ Remove	"	"		10-28-05	$ 75
☐ Add ☐ Remove	"	"		10-30-05	$ 50
☐ Add ☐ Remove	"	"		"	$ 100
☐ Add ☐ Remove	"	"		"	$ 100
☐ Add ☐ Remove	"	"		"	$ 50
☐ Add ☐ Remove	"	"		10-29-05	$ 50
☐ Add ☐ Remove	"	"		11-3-05	$ 100
☐ Add ☐ Remove	"	"		11-1-05	$ 25
☐ Add ☐ Remove	"	"		11-4-05	$ 100
☐ Add ☐ Remove	"	"		11-4-05	$ 50
☐ Add ☐ Remove	"	"		11-2-05	$ 100
☐ Add ☐ Remove	"	"		11-6-05	$ 50
☐ Add ☐ Remove	"	"		"	$ 50
☐ Add ☐ Remove	"	"		"	$ 100
☐ Add ☐ Remove	"	"		11-1-05	$ 100
☐ Add ☐ Remove	"	"		11-6-05	$ 100
☐ Add ☐ Remove	"	"		"	$ 100
☐ Add ☐ Remove	"	"		"	$ 100
☐ Add ☐ Remove	"	"		"	$ 30

4. Total only this Page	$ 1755.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1755.00

Disbursements

Pg 1 of 7 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6W45C

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
Cumulus Broadcasting 1009 Drayton Road Fayetteville, NC 28303 864-5222		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6610

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Ads	10-28-05	$ 6,040
				$

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
WIDU PO Box 2247 Fayetteville, NC 28302 486-9438		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1520

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Ads	10-28-05	$ 1280.00
				$

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
Beasley Broadcasting PO Box 710 508 Person ST Fayetteville, NC 28301 486-4114		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Ads		$ 2265
				$

5. Total only this Page $ 9585

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V445

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
King Rentals 903 E. Russell St. Fayetteville, NC 28301 323-9236		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Popcorn machine	10-28-05	$ 53.50
				$

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
Cynthia Perry 2479 Caithness Drive Fayetteville, NC 28306 864-0841		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 206.64

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Fish Fry Items	10-31-05 11-30-05	$ 81.64
				$

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
Holiday Inn 1709 Owen Drive Fayetteville, NC 28304		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Rm Rental For Election	10-31-05	$ 1576.25
				$

5. Total only this Page $ 1711.39

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6VY45C

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
U.S. Postal Service Ponderosa Branch Fayetteville, NC 28303		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Stamps	11-1-05	$81.40
				$

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
International Minute Press 1327 Robeson Street Fayetteville, NC 28305 485-7955		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 10078.89

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Mailings	11-1-05	$ 10,000
				$

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
A Storage Place 4600 Yadkin Road Fayetteville, NC 28303 864-6686		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 445

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Storing Campaign Materials		$ 130.00
				$

5. Total only this Page	$ 10211.40
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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, Jr	6V445C

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
Fayetteville Observer PO Box 849 Fayetteville, NC 28302 323-4848		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	ADS	11-2-05	$ 2812.74
				$

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
Bank Card Services PO Box 15026 Wilmington, DE 19850 1-800-477-9131		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2103.52

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Signs	11-2-05	$ 992.34
				$

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
Home Depot 2060 Skibo Rd Fayetteville, NC 28314 864-4002		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 553.23

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Lumber For Signs	11-3-05	$ 41.99
				$

5. Total only this Page	$ 3847.07
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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, Jr	6V445C

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
WCLN 996 Helen street Fayetteville, NC 28303		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	ADS		$ 450
				$

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 Signs 110 Waddell Drive Fayetteville, NC 28301 488-0860		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 815.65

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Signs	11-4-05	$ 187.25
				$

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
Wal Mart 1550 Skibo Rd Fayetteville, NC 28303 868-6575		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 86.43

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Drinks-Fish Fry	11-4-05	$ 42.16
				$

5. Total only this Page	$ 679.41
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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V45C

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
Hardee's Restaurant 5708 Yadkin Rd Fayetteville, NC 28303 867-1550		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Food for Election Day	11-7-05	$ 140
				$

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
PO Boy SeaFood Market 2157 Skibo Road Fayetteville, NC 28314 867-0485		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Fish	11-5-05	$ 89.50
				$

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
Donnie Olds Catering Service Dunn, NC 892-7544		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Thank you Affair	11-17-05	$ 900.00
				$

5. Total only this Page	$ 1129.50
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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V4 45C

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
Sprint PO Box 96064 Charlotte, NC 28296-0064		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Phone Lines	12-9-05	$ 348.71
				$

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
Things Remembered 5000 Morganton Road Fayetteville, NC 864-0701		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
532812758	Check	Thank you Gifts	12-9-05	$ 313.54
				$

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 $ 662.25

6. Total of ALL CRO-1310 Pages $ 27826.02

(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)

Contributions from Individuals

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V445C

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
Billy R. King 739 Ashfield Drive Fayetteville, NC 28311 822-0892	Ins. Agent	State Farm Insurance		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		10-30-05	$ 150
☐					$
☐					$

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 L. Copenhaver 2920 Hybart St. Fayetteville, NC 28303 864-4906	Military	Retired		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		10-29-05	$ 250
☐					$
☐					$

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 391-2977	Developer	John Koenig (self-employed)		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		10-31-05	$ 3000
☐					$
☐					$

4. Total only this Page	$ 3400
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V445C

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
Jeannie E. Jones 1850 Geiberger Drive Fayetteville, NC 28303	Retired			$ 500

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		11-3-05	$ 400
☐					$
☐					$

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
DR Andre Hall 4508 Weaver Hall Drive Fayetteville, NC 28314 864-5375	Physician	Womens/Birth clinic		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		11-3-05	$ 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
A.E. Williams JR 1876 Gola Drive Fayetteville, NC 28301	Retired Attorney	Self-employed		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		11-1-05	$ 1011.01
☐					$
☐					$

4. Total only this Page	$ 1611.01
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of 3 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Marshall B. Pitts, JR	6V445C

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
DR Menno Dennink 235 Old Street Fayetteville, NC 28301 323-0475	Developer	Self-employed		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	532812758	Check		11-3-05	$ 250
☐					$
☐					$

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
☐					$
☐					$
☐					$

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	$ 250
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5261.01