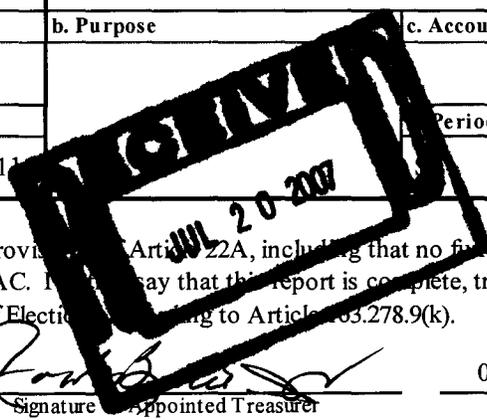


# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed form  
 Do not use this form to update information

|   |   |  |                                |
|---|---|--|--------------------------------|
| <b>1. Committee Information</b>   |   |  |                                |
| <b>a. Full Name</b>   |   | <b>c. ID Number</b>  |                                |
| LEE WARREN COMMITTEE  |   |  |                                |
| <b>b. Mailing Address (include City, State and Zip Code)</b>  |   | <b>d. Date Filed</b>   |                                |
| P O BOX 87047<br>FAYETTEVILLE, NC 28304-7047  |   | 07/19/2007   |                                |
|   |   | <b>e. Phone Number</b>   |                                |
|   |   | (910) 484-0145   |                                |
| <b>2. Report Year</b>   | <b>3. Period Start Date (m m/dd/yy)</b> | <b>4. Period End Date (m m/dd/yy)</b>  | <b>5. Treasurer Full Name</b>  |
| 2007  | 01/01/2007                              | 06/30/2007   | JOHN G BUIE JR                 |
| <b>6. Type of Committee (Check One)</b>   |   | <b>9. Type of Report (check only one type of report from one category)</b>   |                                |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum  |   | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br>Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                |
| <b>7. Type of Fund (if applicable, check one)</b>   |   | <b>State/County</b>  |                                |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> NC Political Party Financing Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:                 |   | <input type="checkbox"/> Organizational<br>Quarterly<br><input type="checkbox"/> First Plus<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third Plus<br><input type="checkbox"/> Fourth<br>Semi-annual<br><input checked="" type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special             |                                |
| <b>8. Number of Fundraisers this Report</b>   |   | <b>10. Special Report Name</b>   |                                |
| 0   |   |  |                                |
| <b>11. Account Information</b>  |   | <b>11. Account Information</b>   |                                |
| <b>a. Financial Institution Full Name</b>   |   | <b>a. Financial Institution Full Name</b>  |                                |
| BRANCH BANK & TRUST CO  |   |  |                                |
| <b>b. Purpose</b>   | <b>c. Account Code</b>                  | <b>b. Purpose</b>  | <b>c. Account Code</b>         |
| CAMPAIGN FINANCE  | 001                                     |  |                                |
|   | <b>d. Period Begin Balance</b>          |  | <b>d. Period Begin Balance</b> |
|   | \$ 16,855.11                            |  |                                |
| <b>CERTIFICATION</b>  |   |  |                                |
| 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 also certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k). |   |  |                                |
| _____<br>JOHN G. BUIE, JR.<br>Printed Name of Signer  |   | _____<br>Signature of Appointed Treasurer  |                                |
|   |   | _____<br>Date  |                                |
|   |   | 07/19/2007   |                                |
| <b>FOR OFFICE USE ONLY</b>  |   |  |                                |
| Date Received:  | 7/00/07                                 | Employee:  | CRJ                            |
| Date Postmarked:  | _____                                   | Employee:  | _____                          |
| Date Scanned:   | _____                                   | Employee:  | _____                          |
| Date Data Entered   | _____                                   | Employee:  | _____                          |
| <b>Delivery Method</b>  |   |  |                                |
| <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training  |   |  |                                |
| <b>Please Note:</b> 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                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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         | 2. ID Number                       |                                  |
|---|---------------------------|------------------------------------|----------------------------------|
| LEE WARREN COMMITTEE  | 2007 Mid Year Semi-Annual |                                    |                                  |
| <b>Start of Election Cycle: January 1, 2005</b>                                 |                           | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start  |                           | \$ 16,855.11                       | \$ 12,224.68                     |
| <b>RECEIPTS</b>   |                           |                                    |                                  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                         |                           | \$ 0.00                            | \$ 5,520.00                      |
| 6) Contributions from Individuals (CRO-1210)                                    |                           | \$ 200.00                          | \$ 11,810.00                     |
| 7) Contributions from Political Party Committees (CRO-1220)                     |                           | \$ 0.00                            | \$ 0.00                          |
| 8) Contributions from Other Political Committees (CRO-1230)                     |                           | \$ 0.00                            | \$ 335.00                        |
| 9) Loan Proceeds (CRO-1410)   |                           | \$ 0.00                            | \$ 0.00                          |
| 10) Refunds/Reimbursements To the Committee (CRO-1240)                          |                           | \$ 0.00                            | \$ 0.00                          |
| 11) Other Receipt Sources   |                           |                                    |                                  |
| 11a) Interest on Bank Accounts (CRO-1250)                                       |                           | \$ 0.00                            | \$ 0.00                          |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250)                 |                           | \$ 0.00                            | \$ 0.00                          |
| 11c) Outside Sources of Income (CRO-1250)                                       |                           | \$ 0.00                            | \$ 0.00                          |
| 12) TOTAL RECEIPTS<br>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)          |                           | \$ 200.00                          | \$ 17,665.00                     |
| <b>EXPENDITURES</b>   |                           |                                    |                                  |
| 13) Disbursements   |                           |                                    |                                  |
| 13a) Operating Expenditures (CRO-1310)  |                           | \$ 4,114.96                        | \$ 16,949.53                     |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                |                           | \$ 0.00                            | \$ 0.00                          |
| 13c) Coordinated Party Expenditures (CRO-1310)                                  |                           | \$ 0.00                            | \$ 0.00                          |
| 14) Loan Repayments (CRO-1420)  |                           | \$ 0.00                            | \$ 0.00                          |
| 15) Refunds/Reimbursements From the Committee (CRO-1320)                        |                           | \$ 0.00                            | \$ 0.00                          |
| 16) In-Kind Contributions (CRO-1510)  |                           | \$ 0.00                            | \$ 0.00                          |
| 17) TOTAL EXPENDITURES<br>(Add lines 13a, 13b, 13c, 14, 15, and 16)             |                           | \$ 4,114.96                        | \$ 16,949.53                     |
| 18) Cash on Hand at End<br>(Add lines 4 and 12 together, then subtract line 17) |                           | \$ 12,940.15                       | \$ 12,940.15                     |
| <b>ADDITIONAL INFORMATION</b>   |                           |                                    |                                  |
| 19) Non-Monetary Gifts Given to Other Committees (CRO-1330)                     |                           | \$ 0.00                            |                                  |
| 20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)              |                           | \$ 0.00                            |                                  |
| 21) Debts and Obligations owed By the Committee (CRO-1610)                      |                           | \$ 0.00                            |                                  |
| 22) Debts and Obligations owed To the Committee (CRO-1620)                      |                           | \$ 0.00                            |                                  |
| 23) Account Transfers Within the Committee (CRO-1720)                           |                           | \$ 0.00                            |                                  |
| 24) Administrative Support (CRO-1710)   |                           | \$ 0.00                            | \$ 0.00                          |
| 25) Forgiven Loans (CRO-1440)   |                           | \$ 0.00                            | \$ 0.00                          |
| 26) 48-Hour Notice Reports Sum  |                           | \$ 0.00                            | \$ 0.00                          |

# Contributions from Individuals

|  |                        |                           |  |                             |                                |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  | <b>2. ID Number</b>         |                                |
| LEE WARREN COMMITTEE   |                        |                           |  |                             |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |
| JACK P JUSTICE Jr<br>3517 BIRKDALE CT<br>FAYETTEVILLE, NC 28303  |                        |                           | FINANCIAL ANALYSIS                       |                             |                                |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |
|  |                        |                           | CAPE FEAR VALLEY HOSPITAL                |                             | <b>e. Election Sum to Date</b> |
|  |                        |                           |  |                             | \$ 200.00                      |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |
| <input type="checkbox"/>   | 001                    | Check                     |  | 05/10/2007                  | \$ 200.00                      |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 200.00                      |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 200.00                      |

# Disbursements

|  |                           |   |                             |  |                            |                                     |
|--|---------------------------|---|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |  |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE   |                           |   |                             |  |                            |                                     |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| AHEPA<br>614 OAKRIDGE AVE<br>FAYETTEVILLE, NC 28305  |                           |   |                             |  |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|  |                           |   |                             |  |                            | \$ 260.00                           |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001  | Check                     | H   | 03/28/2007                  | \$ 260.00  | ADVERTISING                |                                     |
|  |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| Branch Banking & Trust Company<br>3817 Morganton Road<br>Fayetteville, NC 28314  |                           |   |                             |  |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|  |                           |   |                             |  |                            | \$ 311.89                           |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001  | Draft                     | H   | 01/31/2007                  | \$ 7.20  | BANK CHARGE                |                                     |
| 001  | Draft                     | H   | 02/28/2007                  | \$ 5.90  | BANK CHARGE                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| Branch Banking & Trust Company<br>3817 Morganton Road<br>Fayetteville, NC 28314  |                           |   |                             |  |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|  |                           |   |                             |  |                            | \$ 311.89                           |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001  | Draft                     | H   | 03/31/2007                  | \$ 6.97  | BANK CHARGE                |                                     |
| 001  | Draft                     | H   | 04/30/2007                  | \$ 6.13  | BANK CHARGE                |                                     |
| <b>5. Total only this Page</b>   |                           |   |                             |  |                            | \$ 286.20                           |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  |                            | \$ 4,114.96                         |
| <b>7. Purpose Codes</b> (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)   |                           |   |                             |  |                            |                                     |

# Disbursements

|   |                           |   |                             |  |                            |                                     |
|---|---------------------------|---|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE  |                           |   |                             |  |                            |                                     |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| Branch Banking & Trust Company<br>3817 Morganton Road<br>Fayetteville, NC 28314   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             |  |                            | \$ 311.89                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Draft                     | H   | 05/30/2007                  | \$ 7.91  | BANK CHARGE                |                                     |
| 001   | Draft                     | H   | 06/30/2007                  | \$ 8.72  | BANK CHARGE                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| CAPE FEAR BAND BOOSTERS<br>C/O TONY WALDEN<br>4572 HUCKLEBERRY RD<br>FAYETTEVILLE, NC 28312   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             |  |                            | \$ 200.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 03/28/2007                  | \$ 50.00   | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| CAPE FEAR BOTANICAL GARDEN<br>P O BOX 53485<br>FAYETTEVILLE, NC 28305   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             |  |                            | \$ 50.00                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 05/01/2007                  | \$ 50.00   | MEMBERSHIP                 |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 116.63                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            | \$ 4,114.96                         |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  |                            |                                     |
| <b>7. Purpose Codes</b> (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)  |                           |   |                             |  |                            |                                     |

# Disbursements

|  |                           |   |                             |   |  |                                     |  |
|--|---------------------------|---|-----------------------------|---|--|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |   |  | <b>2. ID Number</b>                 |  |
| LEE WARREN COMMITTEE   |                           |   |                             |   |  |                                     |  |
| <b>3. Type of Disbursement</b> <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 |  |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |  |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                    |  | <b>d. Comments</b>                  |  |
| CAPE FEAR KIWANIS CLUB<br>3025 BRECHIN RD<br>FAYETTEVILLE, NC 28303  |                           |   |                             |   |  |                                     |  |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                    |  |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> Federal                        | <input type="checkbox"/> County:       |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> State                          | <input type="checkbox"/> Municipality: | <b>e. Election Sum to Date</b>      |  |
|  |                           |   |                             |   |  | \$ 110.00                           |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>             |                                     |  |
| 001  | Check                     | H   | 02/28/2007                  | \$ 110.00   | ADVERTISING                            |                                     |  |
|  |                           |   |                             | \$  |  |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |  |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                    |  | <b>d. Comments</b>                  |  |
| CORE SOUND WATER FOWL MUSEUM<br>P O BOX 556<br>HARKERS ISLAND, NC 28531  |                           |   |                             |   |  |                                     |  |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                    |  |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> Federal                        | <input type="checkbox"/> County:       |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> State                          | <input type="checkbox"/> Municipality: | <b>e. Election Sum to Date</b>      |  |
|  |                           |   |                             |   |  | \$ 100.00                           |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>             |                                     |  |
| 001  | Check                     | H   | 03/26/2007                  | \$ 100.00   | DONATION                               |                                     |  |
|  |                           |   |                             | \$  |  |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |  |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                    |  | <b>d. Comments</b>                  |  |
| CUMBERLAND COUNTY DUCKS UNLIMITED<br>P O BOX 58183<br>FAYETTEVILLE, NC 28305   |                           |   |                             |   |  |                                     |  |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                    |  |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> Federal                        | <input type="checkbox"/> County:       |                                     |  |
|  |                           |   |                             | <input type="checkbox"/> State                          | <input type="checkbox"/> Municipality: | <b>e. Election Sum to Date</b>      |  |
|  |                           |   |                             |   |  | \$ 200.00                           |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>             |                                     |  |
| 001  | Check                     | H   | 02/28/2007                  | \$ 200.00   | DONATION                               |                                     |  |
|  |                           |   |                             | \$  |  |                                     |  |
| <b>5. Total only this Page</b>   |                           |   |                             |   |  | \$ 410.00                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |   |  | \$ 4,114.96                         |  |
| <b>7. Purpose Codes</b> (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)   |                           |   |                             |   |  |                                     |  |

# Disbursements

|   |                           |   |                             |  |                            |                                     |
|---|---------------------------|---|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE  |                           |   |                             |  |                            |                                     |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| CUMBERLAND COUNTY MINISTRIAL COUNCIL<br>P O BOX 2696<br>FAYETTEVILLE, NC 28302                                |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 150.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 01/06/2007                  | \$ 150.00  | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| EASTOVER CIVIC CLUB<br>2310 TOM GEDDIE RD<br>FAYETTEVILLE, NC 28312   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 140.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 04/04/2007                  | \$ 140.00  | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| FAYETTEVILLE MUSEUM OF ART<br>P O BOX 35134<br>FAYETTEVILLE, NC 28303   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 50.00                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 06/22/2007                  | \$ 50.00   | MEMBERSHIP                 |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 340.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            |                                     |
| <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> |                           |   |                             |  |                            | \$ 4,114.96                         |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |  |                            |                                     |
| <b>7. Purpose Codes</b> (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)  |                           |   |                             |  |                            |                                     |

# Disbursements

|  |                           |   |                             |   |                            |                                     |
|--|---------------------------|---|-----------------------------|---|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |   |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE   |                           |   |                             |   |                            |                                     |
| <b>3. Type of Disbursement</b> <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               |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                                  |                            | <b>d. Comments</b>                  |
| FAYETTEVILLE SHRINE CLUB<br>C/O Doug Brisson<br>P O Box 87496<br>Fayetteville, NC 28304  |                           |   |                             |   |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             |   |                            | \$ 710.00                           |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |
| 001  | Check                     | H   | 03/26/2007                  | \$ 170.00   | ADVERTISING                |                                     |
|  |                           |   |                             | \$  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                                  |                            | <b>d. Comments</b>                  |
| FTCC FOUNDATION<br>P O BOX 358236<br>FAYETTEVILLE, NC 28303  |                           |   |                             |   |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             |   |                            | \$ 200.00                           |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |
| 001  | Check                     | H   | 04/09/2007                  | \$ 100.00   | ADVERTISING                |                                     |
|  |                           |   |                             | \$  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |   |                             | <b>b. Coordinated Committee Name</b>                                  |                            | <b>d. Comments</b>                  |
| GOOD HOPE MISSIONARY BAPTIST CHURCH<br>215 TIFFANY CT, APT D<br>FAYETTEVILLE, NC 28301   |                           |   |                             |   |                            |                                     |
|  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             |   |                            | \$ 50.00                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |
| 001  | Check                     | H   | 03/26/2007                  | \$ 50.00  | DONATION                   |                                     |
|  |                           |   |                             | \$  |                            |                                     |
| <b>5. Total only this Page</b>   |                           |   |                             |   |                            | \$ 320.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |   |                            | \$ 4,114.96                         |
| <b>7. Purpose Codes</b> (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)   |                           |   |                             |   |                            |                                     |

# Disbursements

|  |                           |                        |  |                  |                                |                     |
|--|---------------------------|------------------------|--|------------------|--------------------------------|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                  |                                | <b>2. ID Number</b> |
| LEE WARREN COMMITTEE   |                           |                        |  |                  |                                |                     |
| <b>3. Type of Disbursement</b> <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   |                           |                        |  |                  |                                |                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |                     |
| HOME DEPOT<br>2060 SKIBO RD<br>FAYETTEVILLE, NC 28314  |                           |                        |  |                  |                                |                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |                     |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |                     |
|  |                           |                        |  |                  | \$ 171.97                      |                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |                     |
| 001  | Check                     | CH                     | 05/28/2007   | \$ 171.97        | DOOR PRIZE                     |                     |
|  |                           |                        |  | \$               |                                |                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |                     |
| Interdenominational Women's Conference<br>P O Box 326<br>Fayetteville, NC 28302  |                           |                        |  |                  |                                |                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |                     |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |                     |
|  |                           |                        |  |                  | \$ 100.00                      |                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |                     |
| 001  | Check                     | H                      | 05/01/2007   | \$ 100.00        | ADVERTISING                    |                     |
|  |                           |                        |  | \$               |                                |                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                  |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                  | <b>d. Comments</b>             |                     |
| JEB DESIGNS, INC<br>P O BOX 65149<br>FAYETTEVILLE, NC 28306  |                           |                        |  |                  |                                |                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                  |                                |                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  |                                |                     |
|  |                           |                        |  |                  | <b>e. Election Sum to Date</b> |                     |
|  |                           |                        |  |                  | \$ 1,914.28                    |                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>     |                     |
| 001  | Check                     | BH                     | 01/06/2007   | \$ 316.50        | ADVERTISING                    |                     |
| 001  | Check                     | BH                     | 06/06/2007   | \$ 117.43        | ADVERTISING                    |                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                  |                                | \$ 705.90           |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>                 |                           |                        |  |                  |                                | \$ 4,114.96         |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                  |                                |                     |
| <b>A* - Media</b> <b>B* - Printing</b> <b>C* - Fundraising</b> <b>D - To Another Candidate</b><br><b>E - Salaries</b> <b>F* - Equipment</b> <b>G - Political Party</b> <b>H* - Holding Public Office Expenses</b><br><b>I - Postage</b> <b>J - Penalties</b> <b>K* - Office Expenses</b> <b>O* - Other</b><br>* Codes require detailed explanation in required remarks field (k) |                           |                        |  |                  |                                |                     |

# Disbursements

|   |                           |   |                             |  |                            |                                     |
|---|---------------------------|---|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE  |                           |   |                             |  |                            |                                     |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| JEB DESIGNS, INC<br>P O BOX 65149<br>FAYETTEVILLE, NC 28306   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 1,914.28                         |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | BH  | 06/15/2007                  | \$ 1,142.23  | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| Lighthouse Ministries<br>P O Box 832<br>Fayetteville, NC 28302  |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 150.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 05/01/2007                  | \$ 100.00  | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| NBC Enterprises Inc Productions<br>305 Hay Street<br>Fayetteville, NC 28301                                   |                           |   |                             |  |                            |                                     |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             |  |                            | \$ 300.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | BH  | 05/01/2007                  | \$ 100.00  | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 1,342.23                         |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            |                                     |
| <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> |                           |   |                             |  |                            | \$ 4,114.96                         |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |  |                            |                                     |
| <b>7. Purpose Codes</b> (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)  |                           |   |                             |  |                            |                                     |

# Disbursements

|   |                           |   |                             |  |                            |                                     |
|---|---------------------------|---|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  |                            | <b>2. ID Number</b>                 |
| LEE WARREN COMMITTEE  |                           |   |                             |  |                            |                                     |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| POSTMASTER<br>301 GREEN ST<br>BOX SECTION<br>FAYETTEVILLE, NC 28302   |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | \$ 144.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 05/11/2007                  | \$ 144.00  | P O BOX RENT               |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| RISE NEWSPAPER<br>P O BOX 1311<br>FAYETTEVILLE, NC 28302  |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | \$ 214.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | AH  | 05/01/2007                  | \$ 50.00   | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| SHAW UNIVERTISY ALUMNI ASSOCIATION<br>P O BOX 2482<br>FAYETTEVILLE, NC 28302  |                           |   |                             | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b>      |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             |  |                            | \$ 50.00                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 001   | Check                     | H   | 05/01/2007                  | \$ 50.00   | ADVERTISING                |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 244.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            | \$ 4,114.96                         |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  |                            |                                     |
| <b>7. Purpose Codes</b> (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)  |                           |   |                             |  |                            |                                     |

# Disbursements

|   |                           |                        |                             |                                      |                            |  |  |
|---|---------------------------|------------------------|-----------------------------|--------------------------------------|----------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |                                      |                            | <b>2. ID Number</b>  |  |
| LEE WARREN COMMITTEE  |                           |                        |                             |                                      |                            |  |  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |                             |                                      |                            |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |                                      |                            |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        |                             | <b>b. Coordinated Committee Name</b> |                            | <b>d. Comments</b>   |  |
| U S TEAM NET, INC<br>503 RUSH RD<br>FAYETTEVILLE, NC 28305  |                           |                        |                             |                                      |                            | <b>c. Level Registered (Specify)</b>   |  |
|   |                           |                        |                             |                                      |                            | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |  |
|   |                           |                        |                             |                                      |                            | <b>e. Election Sum to Date</b>   |  |
|   |                           |                        |                             |                                      |                            | \$ 900.00  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                     | <b>k. Required Remarks</b> |  |  |
| 001   | Check                     | HO                     | 03/26/2007                  | \$ 300.00                            | WEB HOSTING                |  |  |
|   |                           |                        |                             | \$                                   |                            |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |                                      |                            |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        |                             | <b>b. Coordinated Committee Name</b> |                            | <b>d. Comments</b>   |  |
| UNITED ORDER OF TENTS<br>CLARETTA TENT # 141<br>1518 SWAINY AVE<br>FAYETTEVILLE, NC 28303   |                           |                        |                             |                                      |                            | <b>c. Level Registered (Specify)</b>   |  |
|   |                           |                        |                             |                                      |                            | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |  |
|   |                           |                        |                             |                                      |                            | <b>e. Election Sum to Date</b>   |  |
|   |                           |                        |                             |                                      |                            | \$ 50.00   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                     | <b>k. Required Remarks</b> |  |  |
| 001   | Check                     | HO                     | 05/01/2007                  | \$ 50.00                             | DONATION                   |  |  |
|   |                           |                        |                             | \$                                   |                            |  |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |                                      |                            | \$ 350.00  |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |                                      |                            | \$ 4,114.96  |  |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |                                      |                            |  |  |
| <b>7. Purpose Codes</b> (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)  |                           |                        |                             |                                      |                            |  |  |