

# 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><br>LEE WARREN COMMITTEE  | <b>c. ID Number</b>                      |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>P O BOX 87047<br>FAYETTEVILLE, NC 28304-7047 | <b>d. Date Filed</b><br>01/16/2008       |
|  | <b>e. Phone Number</b><br>(910) 484-0145 |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>2. Report Year</b><br>2007 | <b>3. Period Start Date (mm/dd/yy)</b><br>07/01/2007 | <b>4. Period End Date (mm/dd/yy)</b><br>12/31/2007 | <b>5. Treasurer Full Name</b><br>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 | <b>Municipal</b>   | <b>State/County</b>                          | <b>Referendum</b>                           |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC   | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational      | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 |                                | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly           | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |                                | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First Plus          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |                                | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second              | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                              |                                | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third Plus          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> NC Political Party Financing Fund          |                                | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth              | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |                                | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual         |   |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |                                | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year            |   |
| <input type="checkbox"/> Other:                                     |                                | <input type="checkbox"/> Final   | <input checked="" type="checkbox"/> Year End |   |
| <b>8. Number of Fundraisers this Report</b>                         |                                | <input type="checkbox"/> Special   | <input type="checkbox"/> Final               | <b>10. Special Report Name</b>              |
| 1   |                                |  | <input type="checkbox"/> Special             |   |

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| <b>11. Account Information</b>                                      |  | <b>11. Account Information</b>            |                                      |
| <b>a. Financial Institution Full Name</b><br>BRANCH BANK & TRUST CO |  | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>CAMPAING FINANCE                               | <b>c. Account Code</b><br>001                  | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|   | <b>d. Period Begin Balance</b><br>\$ 12,940.15 |   | <b>d. Period Begin Balance</b><br>\$ |

**CERTIFICATION**  
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

John G. Buie, Jr      [Signature]      01/16/2008  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 1/23/08      Angie      **Delivery Method**

Date Postmarked: \_\_\_\_\_      \_\_\_\_\_       Normal Mail

Date Scanned: \_\_\_\_\_      \_\_\_\_\_       Registered Mail

Date Data Entered: \_\_\_\_\_      \_\_\_\_\_       Hand Delivered

\_\_\_\_\_      \_\_\_\_\_       Electronically Filed

\_\_\_\_\_      \_\_\_\_\_       Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment  
 Yes  No

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

| 1. Committee Full Name (and Fund if applicable)                                 | 2. Type of Report                  | 2. ID Number                     |  |
|---|------------------------------------|----------------------------------|--|
| LEE WARREN COMMITTEE  | 2007 Year End 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  | \$ 12,940.15                       | \$ 12,224.68                     |  |
| <b>RECEIPTS</b>   |                                    |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                         | \$ 470.00                          | \$ 5,990.00                      |  |
| 6) Contributions from Individuals (CRO-1210)                                    | \$ 7,440.00                        | \$ 19,250.00                     |  |
| 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)          | \$ 7,910.00                        | \$ 25,575.00                     |  |
| <b>EXPENDITURES</b>   |                                    |                                  |  |
| 13) Disbursements   |                                    |                                  |  |
| 13a) Operating Expenditures (CRO-1310)  | \$ 5,724.61                        | \$ 22,674.14                     |  |
| 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)             | \$ 5,724.61                        | \$ 22,674.14                     |  |
| 18) Cash on Hand at End<br>(Add lines 4 and 12 together, then subtract line 17) | \$ 15,125.54                       | \$ 15,125.54                     |  |
| <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                          |  |

**Aggregated Contributions from Individuals** Page 1 of 1

|                              |  |
|------------------------------|--|
| <b>Amendment</b>             |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| <b>1. Committee Full Name (and Fund if applicable)</b>                 |                 |                    |                        |                      | <b>2. ID Number</b> |          |
|--|-----------------|--------------------|------------------------|----------------------|---------------------|----------|
| LEE WARREN COMMITTEE   |                 |                    |                        |                      |                     |          |
| <b>3. Contributor Information</b>                                      |                 |                    |                        |                      |                     |          |
| a. Amend   | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount           |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/02/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/07/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/04/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/21/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 10/09/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/06/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 10/04/2007           | \$                  | 20.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 10/03/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 10/07/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <input type="checkbox"/> Add   | 001             | Check              |                        | 09/14/2007           | \$                  | 50.00    |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |                     |          |
| <b>4. Total only this Page</b>   |                 |                    |                        |                      | \$                  | \$470.00 |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                 |                    |                        |                      | \$                  | \$470.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                 |                    |                        |                      |                     |          |

# 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>             |  |
| RAY ADCOCK<br>6404 FULHAM RD<br>FAYETTEVILLE, NC 28311  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | ADCOCK FUNERAL HOME                      |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/02/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| LINDA ALLAN<br>P O BOX 87447<br>FAYETTEVILLE, NC 28304-7447   |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | SINGLE SOURCE                            |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/03/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| MARVIN ALLAN<br>P O BOX 87447<br>FAYETTEVILLE, NC 28304-7447  |                        |                           |                               | RETIRED                                  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | CONSTRUCTION                             |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/02/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| KEITH ALLISON<br>P O BOX 36158<br>FAYETTEVILLE, NC 28303   |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | SYSTEL OA                                |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 135.00                      |  |
| <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                     |                               | 09/06/2007                               | \$ 135.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| RICHARD C ANDREWS<br>3249 SANDHILL DR<br>FAYETTEVILLE, NC 28306  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | HEALTH & FITNESS INDUSTRY                |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 135.00                      |  |
| <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                     |                               | 10/01/2007                               | \$ 135.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| BREEDEN BLACKWELL<br>1201 HAYMOUNT COURT<br>FAYETTEVILLE, NC 28305                                       |                        |                           |                               | RETIRED                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | PUBLIC EDUCATION                         |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/06/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 370.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| MICHAEL BOOSE<br>P O BOX 1766<br>FAYETTEVILLE, NC 28302  |                        |                           |                               | PERSONAL SERVICE                         |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | ATTORNEY                                 |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/16/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| JOHN F BRIGGS<br>623 GALLOWAY DR<br>FAYETTEVILLE, NC 28303   |                        |                           |                               | CORPORATE EXECUTIVE                      |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | COMMUNICATION INDUSTRY                   |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 70.00                       |  |
| <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                     |                               | 10/07/2007                               | \$ 70.00         |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| DOUG BRISSON<br>127 WYNNCREST LAKE<br>FAYETTEVILLE, NC 28303   |                        |                           |                               | SALES MANAGER                            |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | COPIERS PLUS, INC                        |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 120.00                      |  |
| <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                     |                               | 10/04/2007                               | \$ 120.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 290.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

# 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>             |  |
| Rhonda J Bruckner<br>3347 QUARRY DR<br>Fayetteville, NC 28303  |                        |                           |                               | Personal Service                         |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Paralegal                                |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 185.00                      |  |
| <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                     |                               | 09/25/2007                               | \$ 185.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| WILLIAM E CLARK<br>2850 VILLAGE DR<br>FAYETTEVILLE, NC 28304   |                        |                           |                               | PERSONAL SERVICE                         |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | ATTORNEY                                 |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/05/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| W M FAIRCLOTH<br>234 TALLYWOOD SHOPPING CENTER<br>FAYETTEVILLE, NC 28303                                 |                        |                           |                               | PERSONAL SERVICE                         |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | CPA                                      |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 70.00                       |  |
| <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                    | Cash                      |                               | 10/04/2007                               | \$ 70.00         |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 355.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

# 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>  |  |
| Frances Fulcher<br>1979 Middle Rd<br>Fayetteville, NC 28311  |                        |                           |                               | Business Owner                           |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | Fulcher Electric                         |                  |                     |  |
|  |                        |                           |                               | <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                     |                               | 09/12/2007                               | \$ 200.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <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>  |  |
| Richard N. Gill<br>818 Ramsey Street<br>Fayetteville, NC 28301   |                        |                           |                               | President                                |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | Gill Security Systems                    |                  |                     |  |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                  |                     |  |
|  |                        |                           |                               | \$                                       |                  | 150.00              |  |
| <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                     |                               | 10/04/2007                               | \$ 150.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <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>  |  |
| CHARLES GORE<br>3174 BITTERSWEET DR<br>FAYETTEVILLE, NC 28306  |                        |                           |                               | BUSINESS OWNER                           |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | GORE BUILDERS                            |                  |                     |  |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                  |                     |  |
|  |                        |                           |                               | \$                                       |                  | 100.00              |  |
| <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                     |                               | 09/07/2007                               | \$ 100.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 450.00           |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00         |  |

**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>  |  |
| Randy S. Gregory<br>121 ELLERSLIE DR<br>Fayetteville, NC 28303   |                        |                           |                               | Attorney                                 |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | Rand & Gregory                           |                  |                     |  |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                  |                     |  |
|  |                        |                           |                               | \$                                       |                  | 100.00              |  |
| <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                     |                               | 10/16/2007                               | \$ 100.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <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>  |  |
| GEORGE T GRIFFIN<br>530 LENNOX DRIVE<br>FAYETTEVILLE, NC 28303   |                        |                           |                               | RETIRED                                  |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | GOVERNMENT SERVICE                       |                  |                     |  |
|  |                        |                           |                               | <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                     |                               | 10/02/2007                               | \$ 200.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <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>  |  |
| Judy Hairr<br>220 Dobbin Ave<br>Fayetteville, NC 28305   |                        |                           |                               | Developer                                |                  |                     |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                     |  |
|  |                        |                           |                               | Real Estate                              |                  |                     |  |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                  |                     |  |
|  |                        |                           |                               | \$                                       |                  | 500.00              |  |
| <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                     |                               | 11/30/2007                               | \$ 500.00        |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                     |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 800.00           |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00         |  |

# 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>             |  |
| HENLEY S HALES<br>3868 BUTLER ISLAND BRIDGE RD<br>ROSEBORO, NC 28382                                     |                        |                           |                               | RETIRED                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | INTERNAL REVENUE SERVICE                 |                  |                                |  |
|  |                        |                           |                               |  |                  | <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                     |                               | 09/13/2007                               | \$ 200.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Swayn G Hamlet<br>2514 Mirror Lake Dr<br>Fayetteville, NC 28303  |                        |                           |                               | Business Owner                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Swayn Hamlet Appraisals                  |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/03/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Jerry Hogge<br>5313 Clypso Ct<br>Hope Mills, NC 28348  |                        |                           |                               | Education                                |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Methodist College                        |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/09/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| Earl C Horan Jr<br>6229 Falkland Ct<br>Fayetteville, NC 28311  |                        |                           |                               | Sales                                    |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Real Estate                              |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/05/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| S T Horne Jr<br>801 Fairfield Rd<br>Fayetteville, NC 28303   |                        |                           |                               | Retired                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | County of Cumberland                     |                  | <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                     |                               | 09/19/2007                               | \$ 200.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Reid A Horne<br>2615 Edmonton Rd<br>Fayetteville, NC 28304   |                        |                           |                               | Bank Officer                             |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Branch Bank                              |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/04/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| CATHY HORNE<br>2100 GASTON VILLAGE LN<br>FAYETTEVILLE, NC 28312   |                        |                           |                               | MANAGER                                  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | SANDY RIDGE ELECTRIC                     |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/05/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| DAN KINLAW<br>P O BOX 9099<br>FAYETTEVILLE, NC 28311  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | MOVING & STORAGE INDUSTRY                |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 11/14/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Bobby L Knight<br>3564 Murphy Rd<br>Fayetteville, NC 28301  |                        |                           |                               | Retired                                  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | RETIAL                                   |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/01/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| F Morris Langston<br>527 Williwod Rd<br>Fayetteville, NC 28311   |                        |                           |                               | Retired   |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                  |                  |                                |  |
|  |                        |                           |                               |   |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |   |                  | \$ 100.00                      |  |
| <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                     |                               | 09/11/2007  | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <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>             |  |
| MICHELLE W MACKEY<br>3001 PLAYER AVE<br>FAYETTEVILLE, NC 28304   |                        |                           |                               | DATA MANAGEMENT   |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                  |                  |                                |  |
|  |                        |                           |                               | CUMBERLAND COUNTY REGISTER OF DEEDS                       |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |   |                  | \$ 100.00                      |  |
| <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                     |                               | 09/25/2007  | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <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>             |  |
| KEVIN MACNAUGHT<br>7324 BULLARD PIT CIRC<br>AUTRYVILLE, NC 28318   |                        |                           |                               | GENERAL MANAGER   |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                  |                  |                                |  |
|  |                        |                           |                               | Performing Arts, Spectator Sports, and Related Industries |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |   |                  | \$ 100.00                      |  |
| <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                     |                               | 10/04/2007  | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |   | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |   |                  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |   |                  | \$ 7,440.00                    |  |

**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>             |  |
| Sharon T Matthews<br>10073 Ramsey St<br>Linden, NC 28356   |                        |                           |                               | Business Owner                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Family Foods                             |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/26/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Ed Melvin<br>3017 REVENHILL DR<br>Fayetteville, NC 28303   |                        |                           |                               | Business Owner                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Ed's Tire                                |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 135.00                      |  |
| <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                     |                               | 09/03/2007                               | \$ 135.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Stephen R Melvin<br>2994 DELAWARE DR<br>Fayetteville, NC 28304-3702                                      |                        |                           |                               | Personal Services                        |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Attorney                                 |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 135.00                      |  |
| <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                     |                               | 09/06/2007                               | \$ 135.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 370.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| Rhudy F Phillips<br>1450 Duncan St<br>Fayetteville, NC 28303   |                        |                           |                               | Business Owner                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Rhudy's                                  |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/06/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| KENNETH PORTER<br>P O BOX 884<br>HOPE MILLS, NC 28348  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | HAMILTON PORTER<br>FUNERAL HOME          |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/01/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| THOMAS R PREWITT<br>1775 CYPRESS LAKES RD<br>HOPE MILLS, NC 28348  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | CYPRESS LAKES GOLF<br>COURSE             |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 250.00                      |  |
| <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                     |                               | 10/02/2007                               | \$ 250.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 450.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| DEAN F RUSSELL JR<br>3235 CLIFFDALE RD<br>FAYETTEVILLE, NC 28303   |                        |                           |                               | OUTSIDE SALES                            |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | REAL ESTATE                              |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/11/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| CRAIG E SANDERS<br>1800 CARLISLE RD<br>GREENSBORO, NC 27408  |                        |                           |                               | DATA MANAGEMENT                          |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | LOGAN SYSTEMS                            |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 185.00                      |  |
| <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                     |                               | 09/28/2007                               | \$ 185.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| W EUGENE SANDERS<br>1008 COUNTRY CLUB DR<br>GREENSBORO, NC 27408   |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | LOGAN SYSTEMS                            |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 185.00                      |  |
| <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                     |                               | 09/21/2007                               | \$ 185.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 470.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| Harry J. Sherrill<br>5509 Yadkin Road<br>Fayetteville, NC 28303   |                        |                           |                               | Real Estate Broker                       |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | Homeowners Real Estate                   |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/05/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| JAMES ROBERT SMITH<br>1100 CLARENDON RD APT 612<br>FAYETTEVILLE, NC 28305                                       |                        |                           |                               | RETIRED                                  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | PERSONAL SERVICE INDUSTRY                |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 500.00                      |  |
| <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                     |                               | 09/20/2007                               | \$ 500.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| BRIAN T SPEARMAN<br>1120 RICHARD BARRY DR<br>CHARLOTTE, NC 28270  |                        |                           |                               | DATA MANAGEMENT                          |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | COTT SYSTEMS                             |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 135.00                      |  |
| <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                     |                               | 09/19/2007                               | \$ 135.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 735.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

# 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>             |  |
| GREGORY C STADERMANN<br>159 S CHURCHILL DR<br>FAYETTEVILLE, NC 28303  |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | S & S MAILINGS                           |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 365.00                      |  |
| <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                     |                               | 10/02/2007                               | \$ 365.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Robert D. Taylor Sr<br>Post Office Box 1806<br>Hope Mills, NC 28348   |                        |                           |                               | Retired                                  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 285.00                      |  |
| <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                     |                               | 10/04/2007                               | \$ 285.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| James V. Townsend<br>221 Devane Street<br>Fayetteville, NC 28305  |                        |                           |                               | Realtor/Broker                           |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | Townsend Real Estate                     |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/06/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 750.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| George E Turner<br>123 Lane<br>Fayetteville, NC 28303  |                        |                           |                               | Director NC DMV                          |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | State of North Carolina                  |                  |                                |  |
|  |                        |                           |                               |  |                  | <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                     |                               | 09/25/2007                               | \$ 200.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| LOUISE V WARREN<br>100 WYLY FOX RD<br>CLINTON, NC 28328  |                        |                           |                               | RETIRED                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | PUBLIC EDUCATION                         |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/01/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| LOUIE WARREN<br>377 HONEYCUTT DR<br>WILMINGTON, NC 28412   |                        |                           |                               | BANKING                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | RBC CENTURA                              |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/10/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

**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>             |  |
| M Rick Watts<br>4008 FALLBERRY DR<br>Fayetteville, NC 28306  |                        |                           |                               | Sales                                    |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Real Estate                              |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/02/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| TYPHINA WISEMAN<br>431 CUMBERLAND ST<br>FAYETTEVILLE, NC 28301   |                        |                           |                               | BUSINESS OWNER                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | WISEMAN MORTUARY                         |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 10/10/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <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>             |  |
| Garris N. Yarborough<br>110 Ellerslie Drive<br>Fayetteville, NC 28303                                    |                        |                           |                               | Attorney                                 |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Garris N. Yarborough Attorney at Law     |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <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                     |                               | 09/25/2007                               | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                  | \$ 7,440.00                    |  |

# 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>             |                                     |
| ALEGRA PRINT & IMAGING<br>3724 SYCAMORE DAIRY RD<br>FAYEETVILLE, NC 28303   |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 184.76            |                                |                                     |
| <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                     | B                      | 08/17/2007   | \$ 184.76            | PRINTING                       |                                     |
|   |                           |                        |  | \$                   |                                |                                     |
| <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 CO<br>P O BOX 819<br>WILSON, NC 27894  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 56.84             |                                |                                     |
| <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                     | O                      | 07/07/2007   | \$ 8.60              | BANK ACTIVITY CHARGE           |                                     |
| 001   | Draft                     | O                      | 08/31/2007   | \$ 7.59              | BANK ACTIVITY 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 CO<br>P O BOX 819<br>WILSON, NC 27894  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 56.84             |                                |                                     |
| <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                     | O                      | 09/30/2007   | \$ 8.44              | BANK ACTIVITY CHARGE           |                                     |
| 001   | Draft                     | O                      | 10/31/2007   | \$ 9.32              | BANK ACTIVITY CHARGE           |                                     |
| <b>5. Total only this Page</b>  |                           |                        |  |                      |                                | \$ 218.71                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                      |                                | \$ 5,724.61                         |
| <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>             |                                     |
| BRANCH BANKING & TRUST CO<br>P O BOX 819<br>WILSON, NC 27894  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 56.84             |                                |                                     |
| <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                     | O                      | 11/30/2007   | \$ 14.97             | BANK ACTIVITY CHARGE           |                                     |
| 001   | Draft                     | O                      | 12/31/2007   | \$ 7.92              | BANK ACTIVITY 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>             |                                     |
| CUMBERLAND COUNTY DEMOCRATIC MEN<br>P O BOX 1628<br>FAYETTEVILLE, NC 28302  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <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                     | O                      | 08/17/2007   | \$ 50.00             | MEMBERSHIP                     |                                     |
|   |                           |                        |  | \$                   |                                |                                     |
| <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 LIVESTOCK ASSOCIATION<br>301 EAST MOUNTAIN DR<br>FAYETTEVILLE, NC 28306   |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <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                     | O                      | 09/19/2007   | \$ 100.00            | SPONSORSHIP - 4H YOUTH         |                                     |
|   |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>  |                           |                        |  |                      | \$ 172.89                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                      | \$ 5,724.61                    |                                     |
| <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>  |
| CUMBERLAND COUNTY SHRINE CLUB<br>P O BOX 556<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                     | O                      | 10/26/2007                  | \$ 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>  |
| Cypress Lakes Golf Course<br>2126 Cypress Lakes Rd<br>Hope Mills, NC 28348  |                           |                        |                             |  |                            |                     |
|   |                           |                        |                             | <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>   |                            |                     |
|   |                           |                        |                             | \$   |                            | 1,675.00            |
| <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                     | C                      | 11/06/2007                  | \$ 1,675.00  | CATERING/GREENS FEES       |                     |
|   |                           |                        |                             | \$   |                            |                     |
| <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>  |
| DEMOCRATIC WOMEN OF CUMBERLAND COUNTY<br>C/O PAM GORE<br>352-5 BUBBLE CREEK COURT<br>FAYETTEVILLE, NC 28311   |                           |                        |                             |  |                            |                     |
|   |                           |                        |                             | <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>   |                            |                     |
|   |                           |                        |                             | \$   |                            | 20.00               |
| <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                     | O                      | 08/20/2007                  | \$ 20.00   | ADVERTISING                |                     |
|   |                           |                        |                             | \$   |                            |                     |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 1,795.00         |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 5,724.61         |
| <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)  |                           |                        |                             |  |                            |                     |
| <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>              |                           |                        |                             |  |                            |                     |
| * 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>                              |                                     |
| DIRECT MAIL SERVICES<br>P O BOX 1415<br>FAYETTEVILLE, NC 28302  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      | <b>e. Election Sum to Date</b><br><br>\$ 514.46 |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |   |                                     |
|   |                           |                        |  |                      |   |                                     |
| <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                     | O                      | 10/26/2007   | \$ 276.26            | ADVERTISING - DIRECT MAIL                       |                                     |
| 001   | Check                     | O                      | 12/24/2007   | \$ 238.20            | DIRECT MAIL                                     |                                     |
| <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>                              |                                     |
| DUCKS UNLIMITED<br>P O BOX 58183<br>FAYETTEVILLE, NC 28305  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      | <b>e. Election Sum to Date</b><br><br>\$ 250.00 |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |   |                                     |
|   |                           |                        |  |                      |   |                                     |
| <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                     | O                      | 08/31/2007   | \$ 250.00            | 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 State University<br>Scholarship Fund<br>1200 Murchison Rd<br>Fayetteville, NC 28301  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      | <b>e. Election Sum to Date</b><br><br>\$ 65.00  |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |   |                                     |
|   |                           |                        |  |                      |   |                                     |
| <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                     | O                      | 10/08/2007   | \$ 65.00             | CONTRIBUTION                                    |                                     |
|   |                           |                        |  | \$                   |   |                                     |
| <b>5. Total only this Page</b>  |                           |                        |  |                      |   | \$ 829.46                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                      |   | \$ 5,724.61                         |
| <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>             |                                     |
| JEB DESIGNS, INC<br>P O BOX 65149<br>FAYETTEVILLE, NC 28306   |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 2,402.13          |                                |                                     |
| <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                     | O                      | 10/08/2007   | \$ 326.66            | ADVERTISING                    |                                     |
| 001   | Check                     | O                      | 12/10/2007   | \$ 161.19            | 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>             |                                     |
| LIFE IN LIMBO FOUNDATION<br>C/O RINDA BRUCKNER<br>3347 QUARRT DR<br>FAYETTEVILLE, NC 28303  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <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                     | O                      | 08/31/2007   | \$ 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>             |                                     |
| Lighthouse Ministries<br>P O Box 832<br>Fayetteville, NC 28302  |                           |                        |  |                      |                                |                                     |
|   |                           |                        |  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |  | \$ 250.00            |                                |                                     |
| <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                     | O                      | 09/27/2007   | \$ 100.00            | SPONSORSHIP                    |                                     |
|   |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>  |                           |                        |  |                      |                                | \$ 687.85                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                      |                                | \$ 5,724.61                         |
| <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>                  |
| MLK COMMITTEE<br>P O BOX 111<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>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 75.00                               |
| <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                     | O   | 10/26/2007                  | \$ 75.00   | 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>                  |
| NAACP<br>P O BOX 364<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>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 250.00                              |
| <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                     | O   | 12/10/2007                  | \$ 250.00  | 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>                  |
| NBC Enterprises Inc<br>2275 GEORGE OWEN RD<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>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 400.00                              |
| <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                     | BO  | 08/17/2007                  | \$ 100.00  | PRINTING                   |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 425.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            | \$ 5,724.61                         |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>                   |                           |   |                             |  |                            |                                     |
| <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> |                           |   |                             |  |                            |                                     |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |  |                            |                                     |
| <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                          |
| <b>* Codes require detailed explanation in required remarks field (k)</b>                                     |                           |   |                             |  |                            |                                     |

# 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>                  |
| OWENS FLORIST<br>3306 RAEFORD RD<br>FAYETTEVILLE, CA 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>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 115.44                              |
| <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                     | C   | 10/31/2007                  | \$ 115.44  | DECORATIONBS               |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <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>   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|   |                           |   |                             | <b>e. Election Sum to Date</b>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 289.00                              |
| <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                     | A   | 10/26/2007                  | \$ 75.00   | 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>                  |
| SAINTS CONSTANTINE & HELENIC GREEK CHURCH<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>   |                            |                                     |
|   |                           |   |                             | \$   |                            | 125.00                              |
| <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                     | O   | 11/14/2007                  | \$ 125.00  | DONATION                   |                                     |
|   |                           |   |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |  |                            | \$ 315.44                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  |                            | \$ 5,724.61                         |
| <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>                  |
| SALVATION ARMY<br>220 E. RUSSELL ST<br>FAYETTEVILLE, NC 28301  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | \$  |                            | 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                     | O   | 12/05/2007                  | \$ 150.00   | 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>                  |
| SAMS CLUB<br>5085 DAWN DR<br>FAYETTEVILLE, NC  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | \$  |                            | 383.26                              |
| <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                     | C   | 10/03/2007                  | \$ 383.26   | SUPPLIES                   |                                     |
|  |                           |   |                             | \$  |                            |                                     |
| <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>                  |
| STEDMAN LODGE #730<br>128 CAROL ST<br>STEDMAN, NC 28391  |                           |   |                             | <b>c. Level Registered (Specify)</b>                                  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                            |                                     |
|  |                           |   |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |   |                             | \$  |                            | 120.00                              |
| <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                     | O   | 08/13/2007                  | \$ 60.00  | ADVERTISING                |                                     |
| 001  | Check                     | O   | 08/17/2007                  | \$ 60.00  | ADVERTISING                |                                     |
| <b>5. Total only this Page</b>   |                           |   |                             |   |                            | \$ 653.26                           |
| <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> |                           |   |                             |   |                            | \$ 5,724.61                         |
| <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>                  |
| THE CARE CLINIC<br>P O BOX 53438<br>FAYETTEVILLE, NC 28305  |                           |   |                             |   |                            |                                     |
|   |                           |   |                             |   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County: |                            | <b>e. Election Sum to Date</b>      |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           | \$ 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                     | O   | 12/14/2007                  | \$ 200.00   | 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>                  |
| U S POSTMASTER<br>MAIN POST OFFICE<br>GREEN ST<br>FAYETTEVILLE, NC 28302                                      |                           |   |                             |   |                            |                                     |
|   |                           |   |                             |   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County: |                            | <b>e. Election Sum to Date</b>      |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           | \$ 117.00   |                             |   |                            |                                     |
| <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                     | O   | 08/31/2007                  | \$ 117.00   | STAMPS                     |                                     |
|   |                           |   |                             | \$  |                            |                                     |
| <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 WAY OF CU8MBERLAND COUNTY<br>222 MAIDEN LANE<br>FAYETTEVILLE, NC 28301                                 |                           |   |                             |   |                            |                                     |
|   |                           |   |                             |   |                            |                                     |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County: |                            | <b>e. Election Sum to Date</b>      |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           | \$ 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                     | O   | 10/31/2007                  | \$ 100.00   | DONATION                   |                                     |
| 001   | Check                     | C   | 11/07/2007                  | \$ 50.00  | DONATION                   |                                     |
| <b>5. Total only this Page</b>  |                           |   |                             |   |                            | \$ 467.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |   |                            | \$ 5,724.61                         |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>                   |                           |   |                             |   |                            |                                     |
| <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> |                           |   |                             |   |                            |                                     |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |   |                            |                                     |
| <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>             |                                     |
| VANDER CIVIC ASSOC<br>135 BLADEN CIRCLE<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> |                                     |
|   |                           |                        |  |                      | \$ 60.00                       |                                     |
| <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                     | O                      | 09/19/2007   | \$ 60.00             | 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>             |                                     |
| WFSS<br>1200 Murchison Rd<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> |                                     |
|   |                           |                        |  |                      | \$ 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                     | A                      | 10/26/2007   | \$ 100.00            | ADVERTISING                    |                                     |
|   |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>  |                           |                        |  |                      |                                | \$ 160.00                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                      |                                | \$ 5,724.61                         |
| <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)  |                           |                        |  |                      |                                |                                     |