

Disclosure Report Cover

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

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information	
a. Full Name	c. ID Number
LEE WARREN COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 87047 FAYETTEVILLE, NC 28304-7047	07/06/2004
	e. Phone Number
	910-484-0145

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2004	04/18/2004	06/30/2004	JOHN G. BUIE, JR.

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		9. Special Report Name	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BRANCH BANKING & TRUST CO.			
b. Purpose	c. Code	b. Purpose	c. Code
CHECKING	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 30,732.63		\$

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.

JOHN G. BUIE, JR. _____ Date: 07/06/04
 Printed Name of Signer Signature of Appointed Treasurer

FOR OFFICE USE ONLY	
Date Received: 7/9/04	Employee: Angie
Date Postmarked: _____	Employee: _____
Date Scanned: _____	Employee: _____

RECEIVED

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
LEE WARREN COMMITTEE	SECOND QUARTER		
Start of Election Cycle: January 1, 2001	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 30,732.63	\$ 3,217.54	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 55.00	\$ 2,800.00	
6) Contributions from Individuals (CRO-1210)	\$ 2,020.00	\$ 43,755.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 1,200.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 1,050.00	\$ 1,050.00	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 3,125.00	\$ 48,805.00	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 8,433.17	\$ 26,598.08	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 8433.17	\$ 26,598.08	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 25,424.46	\$ 25,424.46	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	\$	\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LEE WARREN COMMITTEE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HANK DEBNAM 705 WOODSTONE CT. FAYETTEVILLE, NC 28311				DIRECTOR		
				c. Employer's Name/Specific Field		
				CUMBERLAND COUNTY MENTAL HEALTH		
				e. Election Cycle Sum to Date		
				\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ELTON HENDRICKS 234 KINLAW RD. FAYETTEVILLE, NC 28311				PRESIDENT		
				c. Employer's Name/Specific Field		
				METHODIST COLLEGE		
				e. Election Cycle Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KEVIN B. MACNAUGHT 724 BULLARD PIT CIRCLE AUTRYVILLE, NC 28318				PRESIDENT		
				c. Employer's Name/Specific Field		
				CAPE FEAR FIRE ANTZ		
				e. Election Cycle Sum to Date		
				\$		70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 70.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 370.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg 2 of 5

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LEE WARREN COMMITTEE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
STERLING MCDIARMID 302 STONEBROOK PL FAYETTEVILLE, NC 28305				PRESIDENT		
				c. Employer's Name/Specific Field MCDIARMID PAVING		
				e. Election Cycle Sum to Date		
				\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WRATHEL MITCHELL 3149 SIDS MILL RD. FAYETTEVILLE, NC 28312-7163				BUSINESS OWNER		
				c. Employer's Name/Specific Field SANTITA TRUCKING CO.		
				e. Election Cycle Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JAMES R. PEADEN, JR. 6500 BURNSIDE PL FAYETTEVILLE, NC 28311				BUSINESS OWNER		
				c. Employer's Name/Specific Field PEADEN'S SEAFOOD RESTAURANT		
				e. Election Cycle Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LEE WARREN COMMITTEE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUZANNE PENNICK 2931 BREEZEWOOD AVE. STE 200 FAYETTEVILLE, NC 28303				CORP. EXECUTIVE			
				c. Employer's Name/Specific Field			
				PENNICK & STROTHER REAL ESTATE			
						e. Election Cycle Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
OLIN E. SAUNDERS 3467 THAMESFORD DR. FAYETTEVILLE, NC 28311				RETIRED			
				c. Employer's Name/Specific Field			
				U.S. MILITARY			
						e. Election Cycle Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KENNETH O. SPEARS, JR. 2226 WESTHAVEN DR. FAYETTEVILLE, NC 28303				ADMINISTRATION			
				c. Employer's Name/Specific Field			
				COUNTY GOVERNMENT			
						e. Election Cycle Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LEE WARREN COMMITTEE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MEREDITH PLAYER STIEHL 109 MAGNOLIA AVE. FAYETTEVILLE, NC 28305				COMMERCIAL REAL ESTATE		
				c. Employer's Name/Specific Field		
				PLAYER INVESTMENTS		
e. Election Cycle Sum to Date						
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY TINNEY 305 WHITE OAK CT. FAYETTEVILLE, NC 28303				CORP. EXECUTIVE		
				c. Employer's Name/Specific Field		
				ROYAL CROWN LEASING SERVICE		
e. Election Cycle Sum to Date						
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARION DAVID VARNEDOE, III 6028 BARTLETT CT. FAYETTEVILLE, NC 28314				MANAGEMENT		
				c. Employer's Name/Specific Field		
				BELLA VILLA RESTAURANT		
e. Election Cycle Sum to Date						
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CHECK		05/10/2004	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

Pg 5 of 5

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LEE WARREN COMMITTEE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LINDA LEE ALLEN PO BOX 2649 FAYETTEVILLE, NC 28302				CEO			
				c. Employer's Name/Specific Field			
				SINGLE SOURCE			
						e. Election Cycle Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	CHECK		06/10/2004		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD H. PARKS 486 WINDWOOD ON SKYE FAYETTEVILLE, NC 28303-4777				CEO			
				c. Employer's Name/Specific Field			
				CAPE FEAR VALLEY HEALTH SYSTEM			
						e. Election Cycle Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	CHECK		06/10/2004		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RAMON L. YARBOROUGH PO BOX 53231 FAYETTEVILLE, NC 28305				RETIRED			
				c. Employer's Name/Specific Field			
				FAYETTEVILLE PUBLISHING CO.			
						e. Election Cycle Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	CHECK		06/17/2004		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,020.00	

Contributions from Other Political Committees Pg 1 of 1

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LEE WARREN COMMITTEE					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
HAIRE CAMPAIGN 709-17 FILTER PLANT RD. FAYETTEVILLE, NC 28301			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK		05/10/2004	\$ 50.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC RPAC #1 HANOVER PLACE, SUITE 1109 RALEIGH, NC 27601			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 2,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK		05/10/2004	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1,050.00	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 1,050.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LEE WARREN COMMITTEE					
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
RISE NEWSPAPER PO BOX 9202 FAYETTEVILLE, NC 28302			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 800.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING	05/06/2004	\$ 400.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
MOORE EXPOSURE 333 VALLEY RD. FAYETTEVILLE, NC 28305			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 1,961.57
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING	05/19/2004	\$ 1,961.57	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CUMBERLAND COUNTY BOARD OF ELECTIONS PO DRAWER 1829 FAYETTEVILLE, NC 28302			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 939.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	LABELS	05/19/2004	\$ 26.40	
001	CHECK	FILING FEE	04/26/2004	\$ 913.00	
5. Total only this Page				\$ 3,300.97	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LEE WARREN COMMITTEE					
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
JEB DESIGNS, INC. PO BOX 65149 FAYETTEVILLE, NC 28306					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 4,728.52
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	SIGNS/ADVERTISING	06/03/2004	\$ 2,699.60	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NBC ENTERPRISES PO BOX 1136 FAYETTEVILLE, NC 28302					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING/GET OUT VOT	06/10/2004	\$ 100.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
THE FAYETTEVILLE PRESS PO BOX 9166 FAYETTEVILLE, NC 28311					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 550.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING	06/10/2004	\$ 550.00	
				\$	
5. Total only this Page				\$ 3,349.60	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LEE WARREN COMMITTEE					
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ALLEGRA PRINT & IMAGING 3724 SYCAMORE DAIRY RD. SUITE 100 FAYETTEVILLE, NC 28303			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1,169.84
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING/POST CARDS	06/17/2004	\$ 1,038.51	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CUMBERLAND COUNTY SHRINE CLUB 542A LABROADOR DR. HOPE MILLS. NC 28348			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 230.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING	06/17/2004	\$ 100.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
U.S. POSTAL SERVICE MAIN POST OFFICE GREEN STREET FAYETTEVILLE, NC 28301			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1,575.05
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	STAMPS	06/23/2004	\$ 370.00	
				\$	
5. Total only this Page				\$ 1,508.51	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LEE WARREN COMMITTEE					
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
STAPLES 5075 MORGANTON RD. FAYETTEVILLE, NC 28314			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	LABELS	05/19/2004	\$ 89.43	
				\$ 89.43	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
EVRYTANIAN ASSOCIATION 3025 BRECHIN RD. FAYETTEVILLE, NC 28303			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	CHECK	ADVERTISING	05/06/2004	\$ 50.00	
001	CHECK	ADVERTISING	06/10/2004	\$ 100.00	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
BRANCH BANKING & TRUST CO. PO BOX 819 WILSON, NC 27894-0819			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 478.24
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
001	DM	BANK CHARGES	04/30/2004	\$ 20.99	
001	DM	BANK CHARGES	05/28/2004	\$ 13.67	
5. Total only this Page				\$ 274.09	
6. Total of ALL CRO-1310 Pages				\$ 8,433.17	
<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>					