

# Disclosure Report Cover

Amendment  
 Yes  No

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

1. Committee Information				
a. Full Name			c. ID Number	
DJ Haire Election Campaign			E94038	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
709-17 Filter Plant Drive Fayetteville, NC 28301			9/28/2007	
			e. Phone Number	
			(910) 988-0315	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2007	August 29, 2007	September 24, 2007	Gale T. Koet	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from each column)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Municipal: <input type="checkbox"/> Organizational, <input type="checkbox"/> Thirty-five day, <input checked="" type="checkbox"/> Pre-primary, <input type="checkbox"/> Pre-election, <input type="checkbox"/> Pre-runoff, <input type="checkbox"/> Semi-annual, <input type="checkbox"/> Mid Year, <input type="checkbox"/> Year End, <input type="checkbox"/> Final, <input type="checkbox"/> Special State/County: <input type="checkbox"/> Organizational, <input type="checkbox"/> Quarterly, <input type="checkbox"/> First Plus, <input type="checkbox"/> Second, <input type="checkbox"/> Third Plus, <input type="checkbox"/> Fourth, <input type="checkbox"/> Semi-annual, <input type="checkbox"/> Mid Year, <input type="checkbox"/> Year End, <input type="checkbox"/> Final, <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		12. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Peoples National Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Checks for Receipts & expenditures			
d. Period Begin Balance		d. Period Begin Balance	
\$ 577.54		\$	

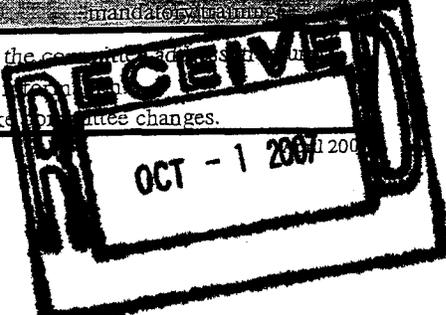
**CERTIFICATION**  
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 153-278.9(k).

Gale T. Koet \_\_\_\_\_ Date: 10/01/2007  
 Printed Name of Signer Signature of Appointed Treasurer

**FOR OFFICE USE ONLY**

Date Received: 10-1-07	Employee: Susan	Delivery Method:
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

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



# Detailed Summary

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

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

1. Committee Full Name (and Fund, if applicable)		2. Type of Report		3. ID Number	
DJ Hairé Election Campaign				E94038	
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 577.54		\$ 169.16	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ -0-		\$ 1310.00	
6) Contributions from Individuals (CRO-1210)		\$ 775.00		\$ 13450.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ -0-		\$ -0-	
8) Contributions from Other Political Committees (CRO-1230)		\$ -0-		\$ 1000.00	
9) Loan Proceeds (CRO-1410)		\$ -0-		\$ 250.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ -0-		\$ -0-	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ -0-		\$ -0-	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ -0-		\$ -0-	
11c) Outside Sources of Income (CRO-1250)		\$ -0-		\$ -0-	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 775.00		\$ 16010.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 300.00		\$ 14226.62	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 85.00		\$ 985.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 94.54		\$ 94.54	
14) Loan Repayments (CRO-1420)		\$ -0-		\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)		\$ -0-		\$	
16) In-Kind Contributions (CRO-1510)		\$ -0-		\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 479.54		\$ 15306.16	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 873.00		\$ 873.00	
<b>ADDITIONAL INFORMATION</b>					
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ -0-			
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ -0-			
21) Debts and Obligations owed By the Committee (CRO-1610)		\$ -0-			
22) Debts and Obligations owed To the Committee (CRO-1620)		\$ -0-			
23) Account Transfers Within the Committee (CRO-1720)		\$ -0-			
24) Administrative Support (CRO-1710)		\$ -0-		\$ -0-	
25) Forgiven Loans (CRO-1440)		\$ -0-		\$ -0-	
26) 48-Hour Notice Reports Sum		\$ -0-		\$ -0-	

Contributions from Individuals

Pg 1 of 2

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)		2. ID Number			
DJ Hair's Election Campaign		E91038			
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
Harold D. Mc Lark 1504 Beard Rd Wade, NC 28395			Salvage Yard		
			c. Employer's Name/Specific Field		
			Mc Lark Salvage Yard		
			e. Election Sum to Date		
					\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		9/20/2007	\$ 250.00
<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
Joseph C. Mc Lark 352 Loblolly Drive Wade, NC 28394			Salvage Yard		
			c. Employer's Name/Specific Field		
			Mc Lark Salvage Yard		
			e. Election Sum to Date		
					\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		9/20/2007	\$ 250.00
<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
Grace C. Black 1846 Broadell Drive Fayetteville, NC 28301			Retired Teacher		
			c. Employer's Name/Specific Field		
			FSU Professor		
			e. Election Sum to Date		
					\$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		9/24/2007	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 525.00
5. Total of ALL CRO 1210 Pages					\$ 775.00

**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
DJ HARE Electors Campaign						
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	
V. Vernon Peterson 908 CARVER ST. JAYETTEVILLE, NC 28301			Carrer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Peterson, Juncos TOME		\$ 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"/>	1	check		9/24/2007	\$ 150.00	
<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	
Hank Dehnam 705 Woodstone Court JAYETTEVILLE, NC 28311			Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Mental Health Cumberland Co. Division		\$ 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"/>	1	check		9/27/2007	\$ 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	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 775.00	

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) <b>DJ HAIRE Election Campaign</b>						2. ID Number <b>E91038</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <input type="checkbox"/> Operating Expenses <input checked="" 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>LARRY CLUBINE Election Campaign 1312 Goodview Ave Jayetteville, NC. 28305</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 50.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>D</b>	<b>9/14/2007</b>	<b>\$ 50.00</b>	<b>contribution</b>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Democratic Senior Party P.O. Box 9846 Jayetteville, NC. 28301</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 10.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>G</b>	<b>9/14/2007</b>	<b>\$ 10.00</b>	<b>contribution</b>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Kamaria Fitzgerald Election Camp 1932 Daphne Circle Jayetteville, NC. 28301</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 25.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>D</b>	<b>9/22/2007</b>	<b>\$ 25.00</b>	<b>contribution</b>		
5. Total only this Page						<b>\$ 85.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						<b>\$ 479.54</b>	
7. Purpose Codes (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**

Amendment  
 Yes  No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) <b>DJ Naire Election Campaign</b>						2. ID Number <b>E94038</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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>Rise Newspaper P.O. Box 1311 Jayetttville, NC. 28302</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>575.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>A</b>	<b>9/5/2007</b>	<b>\$ 125.00</b>	<b>Advertising</b>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Rise Newspaper P.O. Box 1311 Jayetttville, NC. 28302</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>700.00</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>A</b>	<b>9/29/2007</b>	<b>\$ 125.00</b>	<b>Advertising</b>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Stacy Ray 212 Langdon Street Jayetttville, NC. 28301</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>50</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>D</b>	<b>9/20/2007</b>	<b>\$ 50.00</b>	<b>putting down/install campaign signs</b>		
				\$			
5. Total only this Page						\$ <b>300.00</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ <b>479.54</b>	
7. Purpose Codes (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

Amendment  
 Yes  No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) <b>DJ HAIRE Election Campaign</b>						2. ID Number <b>E94030</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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>WAL Mart 3725 Ramsey Street Jaxettville, NC. 28301</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <b>94.54</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>1</b>	<b>check</b>	<b>0</b>	<b>9/22/2007</b>	<b>\$ 94.54</b>	<b>CAMPAIGN SUPPLIES</b>		
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	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
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	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
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	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
5. Total only this Page						\$ <b>94.54</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ <b>479.54</b>	
7. Purpose Codes (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)							