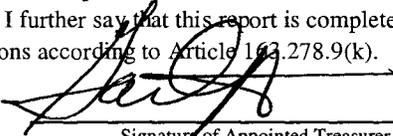
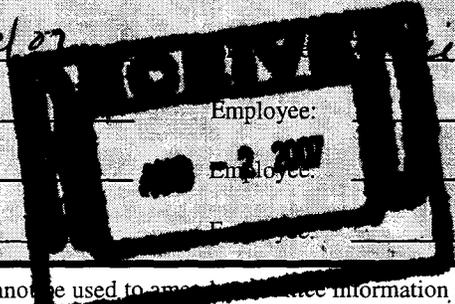


Disclosure Report Cover

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 DJ Naire Election Campaign			c. ID Number E94038																																					
b. Mailing Address (include City, State and Zip Code) 709-17 FILTER Plant DRIVE Fayetteville, NC 28301			d. Date Filed 7/27/2007																																					
			e. Phone Number (910) 485-1424																																					
2. Report Year 2007	3. Period Start Date (mm/dd/yy) January 1 2007	4. Period End Date (mm/dd/yy) JUNE 30 2007	5. Treasurer Full Name Gale Johnson Fort																																					
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third Plus</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
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<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																						
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<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																							
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one) <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:		10. Special Report Name																																						
8. Number of Fundraisers this Report																																								
11. Account Information		11. Account Information																																						
a. Financial Institution Full Name Peoples National Bank		a. Financial Institution Full Name																																						
b. Purpose Checking for Receipts & expenditures	c. Account Code 1	b. Purpose	c. Account Code																																					
	d. Period Begin Balance \$ 358.92		d. Period Begin Balance \$																																					
CERTIFICATION																																								
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).																																								
Gale J. Fort Printed Name of Signer		 Signature of Appointed Treasurer		7/25/2007 Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	8/2/07			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 information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																								

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number	
DS HAIRE Election	Semi-Annual	E94038	
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 358.92	\$ 169.16	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -0-	\$ 1310.00	
6) Contributions from Individuals (CRO-1210)	\$ 325.00	\$ 10,925.00	
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)	\$ 325.00	\$ 13485.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 376.50	\$ 12446.74	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ -0-	\$ 900.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ -0-	\$ -0-	
14) Loan Repayments (CRO-1420)	\$ -0-	\$ -0-	
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$ -0-	\$ -0-	
16) In-Kind Contributions (CRO-1510)	\$ 0-	\$ -0-	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 376.50	\$ 13346.74	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 307.42	\$ 307.42	
ADDITIONAL INFORMATION			
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

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	
D.J. HAIRE Election Campaign						E94038	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Pamela Suggs Storey 631 West Cochran AVE Fayetteville, NC. 28301 (910) 488-1408				CC Schools			
				c. Employer's Name/Specific Field			
				Social Worker			
				e. Election Sum to Date		\$ 50.00	
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		6/30/07	\$ 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	
Glenn B. Adams Atty 407 Hillard DRIVE JAY NC 28311 (910) 822-4578				Attorney			
				c. Employer's Name/Specific Field			
				Self employed			
				e. Election 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"/>	1	check		6/30/07	\$ 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	
James Smith JR. 12E Briarwood Circle Fayetteville, NC. 28306 (910) 219-6171				Retired M.I. Army			
				c. Employer's Name/Specific Field			
				Army			
				e. Election Sum to Date		\$ 50.00	
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		6/30/07	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 325.00	

Contributions from Political Party Committees

Pg 2 of 2

Amendment Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
D. J. HAIRE Election Campaign				E9Y038	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Dorothy E. Fielden 530 Spaulding Street Fayetteville, NC 28301 (910) 483-6152					
				c. Election Sum to Date	
				\$ 25.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	check		6/30/2007	\$ 25.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 25.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>				\$ 325.00	

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)						2. ID Number	
D J HAIRE Election Campaign						E94038	
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. Coordinated Committee Name		d. Comments	
Delta Sigma Theta Sorority Inc Fort Bragg Chapter P.O. Box 74543 (910) 988-7967 Ft. Bragg, NC 28307							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 11.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	contribution	1/11/07	\$ 11.50			
				\$			
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	
Crusade For Christ Christian Church 811 Lave Street Richmond, VA (804) 231-7451							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	contribution	1/15/07	\$ 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	
Warren Moses/Artist card 1206 Murchison Rd Fayetteville, NC 28301 (910) 261-0093							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 265.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	CAMPAIGN SIGN	1/24/07	\$ 265.00			
				\$			
5. Total only this Page						\$ 376.50	
6. Total of ALL CRO-1310 Pages						\$ 376.50	
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)							