

Amendment  
 Yes  No

# Disclosure Report Cover

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

<b>1. Committee Information</b>	
a. Full Name D.J. Haire Election Campaign	c. ID Number E9Y038
b. Mailing Address (include City, State and Zip Code) 709-17-Filter Plant Drive Fayetteville, NC 28301	d. Date Filed 01/31/14
	e. Phone Number

<b>2. Report Year</b> 2013	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/13	<b>4. Period End Date (mm/dd/yy)</b> 12/31/13	<b>5. Treasurer Full Name</b> Albert M. Edwards, Jr., CPA
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<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 checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Final		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<input type="checkbox"/> Special			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name Carter Bank & Trust		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5456.20		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).  
 Albert M. Edwards, Jr., CPA  
 Printed Name of Signer  
 Signature of Appointed Treasurer: *Albert M. Edwards, Jr.*  
 Date: 01/31/14

**FOR OFFICE USE ONLY**

Date Received: FEB - 3 2014  
 Date Postmarked: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_  
 Employee: \_\_\_\_\_  
 Employee: \_\_\_\_\_  
 Employee: \_\_\_\_\_

**Delivery Method**  
 Normal Mail  
 Registered Mail  
 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.

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

# Detailed Summary

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
D.J. Haire Election Campaign	Mid Year	E9Y038

<b>Start of Election Cycle:</b> <b>January 1,</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$ 5456.20	\$ 56.20

<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$
9) Loan Proceeds	(CRO-1410)	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$
11c) Outside Sources of Income	(CRO-1250)	\$
12) <b>TOTAL RECEIPTS</b>		\$ 5,500.00
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>		

<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 3530.11
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1350.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$
14) Loan Repayments	(CRO-1420)	\$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	\$
16) In-Kind Contributions	(CRO-1510)	\$
17) <b>TOTAL EXPENDITURES</b>		\$ 4880.11
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>		
18) <b>Cash on Hand at End</b>		\$ 576.09
<i>(Add lines 4 and 12 together, then subtract line 17)</i>		

<b>ADDITIONAL INFORMATION</b>		
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
21) Debts and Obligations owed By the Committee	(CRO-1610)	\$
22) Debts and Obligations owed To the Committee	(CRO-1620)	\$
23) Account Transfers Within the Committee	(CRO-1720)	\$
24) Administrative Support	(CRO-1710)	\$
25) Forgiven Loans	(CRO-1440)	\$
26) 48-Hour Notice Reports Sum		\$

# Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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					E9Y038	
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	
Mt. Sinai Missionary Bapt Church 1217 Murchison Rd. Fayetteville, N.C. 28301						
			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:			
					\$ 675.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/02/13	\$ 675.00	Stop the Violence Event	
				\$		
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	
Upper Room Baptist Church 1641 Shaw Rd. Fayetteville, N.C. 28301						
			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	
01	Check	O	07-20-13	\$ 100.00	Back to School event	
				\$		
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	
Fayetteville Press Newspaper 3635 Sycamore Dairy Rd Fayetteville, N.C. 28303						
			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:			
					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	08/10/13	\$ 200.00	Advertising	
				\$		
5. Total only this Page					\$ 975.00	
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>					\$	
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

<b>1. Committee Full Name (and Fund if applicable)</b> D.J. Haire Election Campaign	<b>2. ID Number</b> E9Y038
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<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> (include city, state, & zip) Cumberland Septic 319 Mike St. Fayetteville, N.C. 28303		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 08/10/13	<b>j. Amount</b> \$ 100.00	<b>k. Required Remarks</b> Stop the Violence Event
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Nero Coleman 2275 George Owen Rd. Fayetteville, N.C. 28302		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 175.00	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 08/10/13	<b>j. Amount</b> \$ 175.00	<b>k. Required Remarks</b> Stop the Violence Event
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Edwards Pechmann & Packer 211 Fairway Dr. Fayetteville, N.C. 28305		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 08/19/13	<b>j. Amount</b> \$ 100.00	<b>k. Required Remarks</b> Accounting fees
				\$	

<b>5. Total only this Page</b>	\$ 375.00
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<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$
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<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

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					E9Y038
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
Up & Coming 208 Rowan St. Fayetteville, N.C. 28301					
			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:		\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	08/27/13	\$ 400.00	Advertising
				\$	
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
Let's Make It Happen 727 Duck Court #45 Fayetteville, N.C. 28314					
			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:		\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	09/27/13	\$ 200.00	Contribution
				\$	
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
Cape Fear Health Foundation 101 Robeson St. Fayetteville, N.C. 28301					
			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:		\$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	09/26/13	\$ 15.00	Contribution
				\$	
5. Total only this Page					\$ 615.00
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)					
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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					E9Y038
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	
Cassandra White 515 Albany St. Fayetteville, N.C. 28301					
		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:		\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/04/13	\$ 50.00	Voter Canvassing
				\$	
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	
Julio Wise Fayetteville State Fayetteville, N.C.					
		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:		\$ 45.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/05/13	\$ 45.00	Voter Canvassing
				\$	
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	
Anita Bristol Fayetteville State Univ Fayetteville, N.C. 28301					
		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:		\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/05/13	\$ 10.00	Voter Canvassing
				\$	
5. Total only this Page					\$ 105.00
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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.J. Haire Election Campaign					E9Y038
<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> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Chris Williams Fayetteville State University Fayetteville, N.C. 28301					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 90.00
<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>
01	Check	O	10/05/13	\$ 45.00	Voter Canvassing
01	Check	O	10/05/13	\$ 45.00	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Haymont BP 100 Broadfoot Ave Fayetteville, N.C. 28305					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<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>
01	Check	O	11/25/13	\$ 15.00	Campaign travel
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Fayetteville Press Newspaper 3635 Sycamore Dairy Rd. Fayetteville, N.C. 28303					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 200.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	A	11/25/13	\$ 200.00	Advertising
				\$	
<b>5. Total only this Page</b>					\$ 305.00
<b>6. Total of ALL CRO-1310 Pages</b>					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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)					2. ID Number
D.J. Haire Election Campaign					E9Y038
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			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Kingdom Impact Global Ministries 2503 Murchison Rd Fayetteville, N.C. 28301					
		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:		\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/25/13	\$ 35.00	Contribution
				\$	
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Cliff Davey 9100 S. Dadeland Blvd Miami, FL 33156					
		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:		\$ 1007.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	12/16/13	\$ 7.90	Facebook ads
01	Check	A	12/16/13	\$ 1000.00	
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Postmaster Eutaw Station Fayetteville, N.C.					
		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:		\$ 18.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	12/23/13	\$ 18.40	Postage
				\$	
5. Total only this Page					\$ 1061.30
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)					\$
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
D.J. Haire Election Campaign	E9Y038

<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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
T Mobile 4161 Sycamore Dairy Rd. Fayetteville, N.C. 28314			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:	
					\$ 93.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	12/26/13	\$ 93.81	Campaign phone
				\$	

<b>4. Payee Information</b> <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)		e. Election Sum to Date
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check			\$	
				\$	

<b>4. Payee Information</b> <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)		e. Election Sum to Date
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check			\$	
				\$	

<b>5. Total only this Page</b>	\$ 93.81
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<b>6. Total of ALL CRO-1310 Pages</b>	\$ 3530.11
<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

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.J. Haire Election Campaign					E9Y038
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" 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> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Committee to Elect Sylvia Adamczk P.O. Box 26241 Fayetteville, N.C.28314					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 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>
01	Check	D	07/08/13	\$ 100.00	Political contribution
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Committee to Elect Val Applewhite 5813 Mondavi Place Fayetteville, N.C. 28314					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 750.00
<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>
01	Check	D	07/07/13	\$ 500.00	Political contribution
01	Check	D	10/04/13	\$ 250.00	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Committee to Elect Val Applewhite 5813 Mondavi Place Fayetteville, N.C. 28314					
			<b>c. Level Registered (Specify)</b>		
			<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>
01	Check	D	11/01/13	\$ 150.00	Political contribution
				\$	
<b>5. Total only this Page</b>					\$ 1000.00
<b>6. Total of ALL CRO-1310 Pages</b>					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
D.J. Haire Election Campaign					E9Y038
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" 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> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Committee to Elect Larry Wright 1223 Chilton Dr. Fayetteville, N.C. 28314					
		<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:		\$ 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>
01	Check	D	07/07/13	\$ 100.00	Political contribution
				\$	
<b>4. Payee Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Committee to Elect James Mitchell 600 E. 4 <sup>th</sup> St. Charlotte, N.C. 28202					
		<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>
01	Check	D	07/07/13	\$ 150.00	Political contribution
				\$	
<b>4. Payee Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Committee to Elect Mitch Colvin P.O. Box 9371 Fayetteville, N.C. 28311					
		<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:		\$ 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>
01	Check	D	07/07/13	\$ 100.00	Political contribution
				\$	
<b>5. Total only this Page</b>					\$ 350.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1350.00
<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> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					