

Disclosure Report Cover

Amendment
 Yes 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.

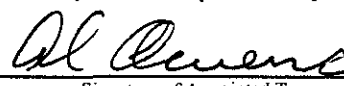
1. Committee Information				
a. Full Name			c. ID Number	
BILL MOORE FOR COMMISSIONER				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
5490 HORSE BRANCH ROAD WQTHA, N. C. 28478			11/26/2004	
			e. Phone Number	
			910-259-7984	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
01/01/2004	07/01/2004	10/16/2004	AL OWENS	

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	Referendum
<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<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	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN FUND	5327		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 12,561.00		\$

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.

AL OWENS  11/26/2004

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

DEC 01 2004

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
BILL MOORE FOR COMMISSIONER	THIRD PLUS		
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,256.21	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 4,525.00	\$ 4,875.00
6) Contributions from Individuals (CRO-1210)		\$ 9,700.00	\$ 13,164.13
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 1,000.00	\$ 1,000.00
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 <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 15,225.00	\$ 19,039.13
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$ 12,279.74	\$ 14,837.66
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 <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 12,279.74	\$ 16,780.29
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 4,201.74	\$ 5,475.68
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		\$	\$

DEC 01 2004

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/02/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/02/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/10/2004	\$ 76.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/25/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/24/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		08/28/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		09/18/2004	\$ 100.00
4. Total only this Page				\$	2,021.00
5. Total of ALL CRO-1205 Pages				\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

DEC 01 2004

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/02/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/02/2004	\$ 99.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/02/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/18/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/16/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/19/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/01/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/03/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/31/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/29/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/29/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/28/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/26/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/20/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/10/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/13/2004	\$ 20.00
4. Total only this Page					\$ 1,664.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BILL MOORE FOR COMMISSIONER						
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	
A. S. SIDBURY 130 BROADVIEW LANE HAMPSTEAD, N. C. 28443			LAND CLEARING			
			c. Employer's Name/Specific Field SELF EMPLOYED			
					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"/>	5327	CHECK		07/22/2004	\$ 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	
DAVID T. SIDBURY 4 CHESAPEAK DRIVE BEAR DELEWARE 19701			PROGRAMMER			
			c. Employer's Name/Specific Field IBM			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		08/08/2004	\$ 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	
SIDNEY H. WILLIAMS 214 BECKY'S CREEK ROAD HAMPSTEAD, N. C. 28443			PRESIDENT/REALTOR			
			c. Employer's Name/Specific Field CENTRY 21 / ACTION			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		07/10/2004	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BILL MOORE FOR COMMISSIONER							
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	
HOUSTON D. MEARS 301 PELICAN WALK HAMPSTEAD, N. C. 28443				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Cycle Sum to Date	
						\$ 0.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		08/10/2004	\$ 750.00		
<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	
JACK G. STOCKS 211 5TH STREET WILMINGTON, N. C. 27401				SURVEYER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Cycle Sum to Date	
						\$ 500.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		08/09/2004	\$ 500.00		
<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	
WILLIAM D. ROBBINS 200 RACCOON ROAD WILLARD, N. C. 28478				NURSERYMAN			
				c. Employer's Name/Specific Field			
				ROBBINS NURSERY		e. Election Cycle Sum to Date	
						\$ 0.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		08/28/2004	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,400.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BILL MOORE FOR COMMISSIONER						
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	
HIRAM B. WILLIAMS 600 GREENTREE ROAD HAMPSTEAD, N. C. 28443			BUILDER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		08/29/2004	\$ 500.00	
<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	
ROBERT C. KENAN, JR PO BOX 1613 BURGAW, N. C. 28425			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		08/28/2004	\$ 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	
D. C. LANIER 1161 SPOT LANE SURF CITY, N. C. 28445			CAMP GROUND OWNER			
			c. Employer's Name/Specific Field			
			LANIERS CAMP GROUND		e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/10/2004	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BILL MOORE FOR COMMISSIONER						
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	
ROY W. WATKINS 298 REDD BANK LANE HAMPSTEAD, N. C. 28443			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/18/2004	\$ 500.00	
<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	
ROBERT W. KILROY 447 BALLAST POINT ROAD HAMPSTEAD, N. C. 28443			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/16/2004	\$ 1,000.00	
<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	
DONALD H. RHINE 54 NARROW WAY WILMINGTON, N. C. 27411			DEVELOPER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/11/2004	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,800.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BILL MOORE FOR COMMISSIONER						
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	
ROBERT A. KING 235 OLD POST OFFICE ROAD HAMPSTEAD, N. C. 28443			CAMPGROUND OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/18/2004	\$ 500.00	
<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	
ADMAH LANIER, JR. 3925 SCOTTS HILL LOOP ROAD WILMINGTON, N. C. 28441			FARMER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/16/2004	\$ 500.00	
<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	
AVGERNIOS DOKY SAFFO 1974 HILLSBORO ROAD WILMINGTON, N. C. 28403			REALTOR			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Cycle Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/28/2004	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,150.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

DEC 01 2004

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BILL MOORE FOR COMMISSIONER							
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	
CHARLES MORRISON 1833 KINGS LANDING ROAD HAMPSTEAD, N. C. 28443				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Cycle Sum to Date	
						\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		10/04/2004	\$ 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	
CHARLES WHITSCHHEY PO BOX 1375 HAMPSTEAD, N. C. 28443				MARKETER			
				c. Employer's Name/Specific Field			
				DAVID GREER & ASSOCIATES			
						e. Election Cycle Sum to Date	
						\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		09/03/2004	\$ 1,000.00		
<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	
JOHN W. MOORE 5327 HALFWAY BRANCH SCHOOL ROAD IVANHOE, N. C. 28447				BLUEBERRY GROWER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Cycle Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		07/24/2004	\$ 2,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,700.00	

DEC 01 2004

Contributions from Other Political Committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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 HOME BUILDERS ASSOCIATION BUILD POLITICAL ACTION COMMITTEE PO BOX 99090 RALIEGH, N. C. 27264			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 0.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK		09/28/2004	\$ 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		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
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		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Cycle Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1,000.00	
5. Total of ALL CRO-1230 Pages				\$ 1,000.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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	
CAPITOL PROMOTIONS 2362 OAKDALE AVENUE GLENSIDE, PA 19038		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
		\$ 0.00			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN SIGNS	07/27/2004	\$ 1,876.00	
				\$	
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	
CAPITOL PROMOTIONS 2362 OAKDALE AVENUE GLENSIDE, PA 19038		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
		\$ 1,876.00			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN SIGNS	08/12/2004	\$ 1,876.00	
				\$	
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	
JOHN W. MOORE 5327 HALFWAY BRANCH SCHOOL ROAD IVANHOE, N. C. 28447		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
		\$ 0.00			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	ADS / BROCHURES	08/25/2004	\$ 1,036.68	
				\$	
5. Total only this Page				\$ 4,788.68	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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	
RICH'S SIGNS 611 S RALIEGH STREET WALLACE, N. C. 28466					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Cycle Sum to Date	
				\$ 1,605.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN SIGNS	08/27/2004	\$ 813.20	
				\$	
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	
FIRST CITIZENS BANK PO BOX 27131 RALIEGH, N. C. 27611					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Cycle Sum to Date	
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	BANK DEDUCTION	CHECK PROCESSING FEE	08/31/2004	\$ 2.00	
				\$	
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	
MAPLE HILL CIVIC CLUB PO BOX 27 MAPLE HILL, N. C. 28454					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Cycle Sum to Date	
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	PARADE ENTRY FEE	09/04/2004	\$ 100.00	
				\$	
5. Total only this Page				\$ 915.20	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PENDER POST 201-A WEST FREEMONT STREET PO BOX 955 BURGAW, N. C. 28425					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 147.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADS	10/15/2004	\$ 537.40	
				\$	
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
ENTERPRISE OFFICE OUTFITTERS 109 NORTH COLLEGE STREET WALLACE, N. C. 28466					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN CARDS PRINTING	09/14/2004	\$ 400.45	
				\$	
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
A. C. OWENS 5490 HORSE BRANCH ROAD WATHA, N. C. 28478					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	MAPLE HILL PARADE CANDY	09/20/2004	\$ 81.38	
5327	CHECK	MAPLE HILL PARADE CANDY	09/29/2004	\$ 43.22	
5. Total only this Page				\$ 1,062.45	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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	
TIME WARNER CABLE 2508 INDEPENDENCE BLVD SUITE 204 WILMINGTON, N. C. 28412 910-796-6880		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV ADS	10/05/2004	\$ 2,124.15	
				\$	
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	
ENTERPRISE OFFICE OUTFITTERS 109 NORTH COLLEGE STREET WALLACE, N. C. 28466		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 400.45	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN CARDS PRINTING	09/14/2004	\$ 70.62	
5327	CHECK	CAMPAIGN CARDS PRINTING	10/12/2004	\$ 156.00	
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	
TOPSAIL TV 15444 US HWY 17 HAMPSTEAD, N. C. 28466		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV AD TIME	10/05/2004	\$ 250.00	
				\$	
5. Total only this Page				\$ 2,600.77	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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	
THE CHRYSALIS GROUP LLC PO BOX 41 HAMPSTEAD, N. C. 28443					
		c. Level Registered (Specify)			
		<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV ADS	10/05/2004	\$ 374.85	
				\$	
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	
CARRIE OWENS 5490 HORSE BRANCH ROAD WATHA, N. C. 28478					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
				\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	MEETING EXPENSES	10/11/2004	\$ 32.99	
				\$	
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	
TOPSAIL TV 15444 US HWY 17 HAMPSTEAD, N. C. 28466					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
				\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV AD TIME	10/11/2004	\$ 135.00	
5327	CHECK	TV AD TIME	10/11/2004	\$ 100.00	
5. Total only this Page				\$ 642.84	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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
RICH'S SIGNS 611 SOUTH RALIEGH STREET WALLACE, N. C. 28466			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 2,418.20
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN SIGNS	10/12/2004	\$ 476.15	
				\$	
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
PENDER POST 201-A WEST FREEMONT STREET BURGAW, N. C. 28425			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 684.65
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADS	10/13/2004	\$ 147.25	
				\$	
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
WALLACE ENTERPRISE 109 NORTH COLLEGE STREET WALLACE, N. C. 28466			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 156.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADS	10/14/2004	\$ 726.00	
				\$	
5. Total only this Page				\$ 1,349.40	
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>					

DEC 01 2004

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BILL MOORE FOR COMMISSIONER					
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ALLEN HENDERSON PO BOX 4031 WILMINGTON, N. C. 28406 910-431-6048			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN VIDEO	10/07/2004	\$ 500.00	
				\$	
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
TOPSAIL VOICE PO BOX 880 HAMPSTEAD, N. C. 28443 910-270-2944			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADS	09/11/2004	\$ 100.00	
5327	CHECK	CAMPAIGN ADS	10/12/2004	\$ 285.40	
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
JCDC OF ROCKY POINT 16851 NC HWY 210 ROCKY POINT, N. C. 28457			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	PARADE ENTRY FEE	09/11/2004	\$ 35.00	
					\$
5. Total only this Page				\$ 920.40	
6. Total of ALL CRO-1310 Pages				\$ 12,279.74	
<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>					

DEC 01 2004