

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 WATHA, N. C. 28478		10/25/2004	
		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
2004	07/01/2004	10/16/2004	AL OWENSA

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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<input type="checkbox"/> Soft Money Account <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:		9. Special Report Name		

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
	\$ 1,256.21		\$

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

 Printed Name of Signer

Al Owens

 Signature of Appointed Treasurer

10/25/2004

 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____
 Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
BILL MOORE FOR COMMISSIONER					
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)		\$ 1,000.00		\$ 1,000.00	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 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 (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 12,279.74		\$ 16,780.29	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 4,201.47		\$ 5,457.68	
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		\$		\$	

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	5327	CASH		08/02/2004	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/02/2004	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/10/2004	\$ 76.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		07/22/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/25/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/24/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/28/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/28/2004	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		08/28/2004	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/10/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5327	CASH		09/18/2004	\$ 100.00
<input type="checkbox"/> Remove					
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>					

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>						

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	CHECK		08/09/2004	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/24/2004	\$	75.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/11/2004	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/10/2004	\$	80.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/10/2004	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		09/01/2004	\$	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		08/10/2004	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		08/09/2004	\$	10.00
<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		08/03/2004	\$	100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$	840.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	4,525.00

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BILL MOORE FOR COMMISSIONER						2. ID Number
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				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		07/22/2004	\$ 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
DAVID T. SIDBURY 4 CHESAPEAK DRIVE BEAR, DELEWARE 19701				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		07/08/2004	\$ 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 BECKYS CREEK ROAD HAMPSTEAD, N. C. 28443				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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>					\$	

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						
						e. Election Cycle Sum to Date
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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						
						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		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						
						e. Election Cycle Sum to Date
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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>						

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BILL MOORE FOR COMMISSIONER						2. ID Number
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				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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				c. Employer's Name/Specific Field		
				e. Election Cycle Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/10/2004	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1250.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BILL MOORE FOR COMMISSIONER						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROY W. MATTHEWS 298 REDD BANK LANE HAMPSTEAD, N. C. 28443			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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) ROBERT W. KILROY 447 BALLAST POINT ROAD HAMPSTEAD, N. C. 28443			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/16/2004	\$ 1000.00	
<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) DONALD H. RHINE 54 NARROW WAY WILMINGTON, N. C. 27411			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/11/2004	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1800.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$	
				f. Prior		g. Account Code	
<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. 28411				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$	
				f. Prior		g. Account Code	
<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	
AVGERINOS DOKY SAFFO 1974 HILLSBORO ROAD WILMINGTON, N. C. 28403				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$	
				f. Prior		g. Account Code	
<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>						\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) BILL MOORE FOR COMMISSIONER						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES MORRISON 1833 KINGS LANDING ROAD HAMPSTEAD, N. C. 28443				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	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) CHARLES WHITSCHHEY PO BOX 1375 HAMPSTEAD, N. C. 28443				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5327	CHECK		09/30/2004	\$ 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) JOHN W. MOORE 5327 HALFWAY BRANCH SCHOOL ROAD IVANHOE, N. C. 28447 910-283-5888				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 1,938.69
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	

Contributions from Political Party 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. Comments	
N C HOME BUILDERS ASSOCIATION BUILD POLITICAL ACTION COMMITTEE PO BOX 99090 RALEIGH, N. C. 27264					
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. 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. Comments	
				c. Election Cycle 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 Cycle 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				\$ 1,000.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 1,000.00	

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)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #104	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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$ 1,876.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #105	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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #106	CAMPAIGN ADS/BROCHURE	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>					

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
RICH'S SIGNS 611 S RALEIGH STREET WALLACE, N. C. 28466					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1605.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK 100	CAMPAIGN SIGNS	08/27/2004	\$ 813.20	
				\$	
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
FIRST CITIZENS BANK PO BOX 27131 RALIEGH, N. C. 27611					
			c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
56327	BANK DEDUCTION	CHECK PROCESSING FEE	08/31/2004	\$ 2.00	
				\$	
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
MAPLE HILL CIVIC CLUB PO BOX 27 MAPLE HILL, N. C. 28454					
			c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK 50	MAPLE HILL PARADE AD.	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>					

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
PENDER POST 201-A WEST FREEMONT STREET PO BOX 955 BURGAW, N. C. 28425			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #122	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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #111	CAMPAIGN CARDS	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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #112	MAPLE HILL PARADE CANDY	09/20/2004	\$ 81.38	
5327	CHECK # 113	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>					

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
TIME WARNER CABLE 2508 INDEPENDENCE BLVD. SUITE 204 WILMINGTON, N. C. 28412 910-796-6880					
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #132	TV ADS	10/05/2004	\$ 2,124.15	
				\$	
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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #114	CAMPAIGN CARDS	09/14/2004	\$ 70.62	
5327	CHECK # 118	CAMPAIGN CARDS	10/12/2004	\$ 156.00	
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
TOPSAIL TV 15444 US HWY 17 HAMPSTEAD, N. C. 28457					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #131	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>					

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 checked="" 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 type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
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 type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
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. 28457			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV ADS	10/11/2004	\$ 135.00	
5327	CHECK	TV ADS	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>					

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 type="checkbox"/> Operating Expenses <input checked="" 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
RICH'S SIGNS 611 SOUTH RALIEGH STREET WALLACE, N. C. 28466			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
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 checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
THE PENDER POST 201-A WEST FREEMONT STREET PO BOX 955 BURGAW, N. C. 28425			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
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 checked="" 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 type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$
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				\$ 1349.40	
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>					

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 checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #134	CAMPAIGN VIDEO	10/07/2004	\$ 500.00	
				\$	
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
TOPSAIL VOICE PO BOX 880 HAMPSTEAD, N. C. 28443 910-270-2944					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #110	CAMPAIGN ADS	09/11/2004	\$ 100.00	
5327	CHECK # 123	CAMPAIGN ADS	10/12/2004	\$ 285.40	
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
JCDC OF ROCKY POINT 16851 NC HWY 210 ROCKY POINT, N. C. 28457					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #109	ROCKY POINT PARADE 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 Candldates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					