

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		12/30/2004
		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	10/17/2004	12/30/2004	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 type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" 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	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<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
	\$ 4,201.74		\$

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


 Signature of Appointed Treasurer

12/30/2004
 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	FOURTH		
Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,201.74	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 4,384.00	\$ 9,259.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,825.00	\$ 17,989.13
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 2,088.76	\$ 3,088.76
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 165.14	\$ 165.14
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)	\$ 11,462.90	\$ 30,502.03
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 15,664.37	\$ 30,502.03
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)	\$ 15664.37	\$ 30,502.03
19) Cash on Hand at End	(Add lines 4 and 13 together, then subtract line 18)	\$ 0.27	\$ 0.00
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		\$	\$

CRO-1100

NC State Board of Elections

March 2003

JAN 03 2005

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		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 23.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 37.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/23/2004	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/20/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/25/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/25/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CHECK		10/27/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
4. Total only this Page				\$	1,173.00
5. Total of ALL CRO-1205 Pages				\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

JAN 03 2005

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		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 21.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 80.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/20/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/27/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
4. Total only this Page					\$ 1,501.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

JAN 03 2005

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		10/21/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/21/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/23/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/24/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/24/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/24/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/25/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/27/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 70.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/28/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/29/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5327	CASH		10/29/2004	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 1,710.00
5. Total of ALL CRO-1205 Pages					\$ 4,384.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

JAN 03 2005

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BILLMOORE 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	
CHAZ M. ELAM II 1602 MISTY MEADOWS LANE GARNER, N. C. 27529				c. Employer's Name/Specific Field		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		10/18/2004	\$ 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	
MARTIN R. PACKER 418 HICKORY POINT ROAD HAMPSTEAD, N. C. 28443				c. Employer's Name/Specific Field		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		10/18/2004	\$ 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	
PAMELA S. WARNER 105 BRIDLEWAY SE LELAND, N. C. 28451				c. Employer's Name/Specific Field		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		10/18/2004	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,700.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

JAN 03 2005

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BILLMOORE 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	
PHILLIP E. MILLS, JR. PO BOX 147 WILLARD, N. C. 28478				OWNER			
				c. Employer's Name/Specific Field			
				MILLS HEAT AND AIR			
						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		10/21/2004	\$ 325.00		
<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	
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	
						\$ 300.00	
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		10/20/2004	\$ 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	
JACK G. STOCKS 211 NORTH 5TH STREET WILMINGTON, N. C. 25401				SURVEYER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Cycle Sum to Date	
						\$ 1,000.00	
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		10/26/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,825.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

JAN 03 2005

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BILLMOORE 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	
JAMES JIMBO ROBBINS 185 RACCOON ROAD WILLARD, N. C/ 28478				NURSERYMAN			
				c. Employer's Name/Specific Field			
				ROBBINS NURSERY			
				e. Election Cycle Sum to Date			
				\$		600.00	
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		10/23/2004	\$ 300.00		
<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	
E. E. PETE PADGETT 8349 NC HWY 11 WILLARD, N. C. 28478				PRESIDENT INSURANCE CO / HOG FARMER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
				e. Election Cycle Sum to Date			
				\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5327	CHECK		10/28/2004	\$ 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. 3025 SCOTTS HILL LOOP ROAD WILMINGTON, N. C. 28411				FARMER			
				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		10/28/2004	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,300.00	
5. Total of ALL CRO-1210 Pages						\$ 4,825.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

JAN 03 2005

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 REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, N. C. 27407			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date \$ 1,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK #1207	For Topsail Isl. Real. Assoc.	10/19/2004	\$ 500.00	
5327	CHECK #1184	For Wlm./Cape Fear Bd. of	10/11/2004	\$ 1,588.76	
		Realtors		\$	
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: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date \$	
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: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 2,088.76	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 2,088.76	

JAN 03 2005

Refunds/Reimbursements To the Committee

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)			d. Type of Committee		g. Comments
TOPSAIL/BEACH TV TSG PRODUCTIONS 920 S ANDERSON BLVD. PO BOX 3388 TOPSAIL BEACH, N. C. 28445 910-328-4595			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/11/2004
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
TSG PRODUCTIONS		TOPSAIL TV		REFUND FOR TV ADS	
					j. Election Cycle Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
5327	CHECK	CHECK #2774		10/25/2004	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
THE CHRYSALIS GROUP PO BOX 41 HAMPSTEAD, N. C. 28443			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/25/2004
					i. Original Expenditure Amt
					\$ 3,002.19
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
OWNER/ ADVERTISING		THE CHRYSALIS GROUP		REFUND FOR TV AD	
					j. Election Cycle Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
5327	CHECK	CHECK #1733		11/29/2004	\$ 65.14
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
					j. Election Cycle Sum to Date
					\$
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 165.14
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 165.14

JAN 03 2005

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 CO. BD. OF ELECTIONS 805 SOUTH WALKER STREET BURGAU, N. C. 28425			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		
			\$		68.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	PENDER CO. VOTER CD	10/20/2004	\$ 25.00	
				\$	
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 CROSSING HAMPSTEAD, N. C. 28443			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		
			\$		870.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADS	10/21/2004	\$ 641.96	
				\$	
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
STAR NEWS PO BOX 840 WILMINGTON, N. C. 28402			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		
			\$		0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN AD	10/22/2004	\$ 561.58	
5327	CHECK	CAMPAIGN AD	10/25/2004	\$ 570.00	
5. Total only this Page				\$ 1,798.54	
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>					

JAN 03 2005

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
INTERNATIONAL MAILING SERVICES INC. PO BOX 330 WILMINGTON, N. C. 28402-0330					
			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
					\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAGN BROCHURE MAIL	10/25/2004	\$ 1,445.55	
				\$	
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 type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 374.85
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	TV ADVERTISING	10/21/2004	\$ 3,002.19	
5327	CHECK	TV ADVERTISING	10/27/2004	\$ 1,068.45	
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
US POSTMASTER WILMINGTON, N. C. 28402					
			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
					\$ 1,155.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN MAIL OUTS	10/25/2004	\$ 2,123.26	
				\$	
5. Total only this Page				\$ 7,639.45	
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>					

JAN 03 2005

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
HARTS FLORIST 203 WEST FREEMONT STREET BURGAW, N. C. 28425					
			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	CAMPAIGN RIBBONS	10/26/2004	\$ 56.18	
				\$	
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 ADVERTISER 206-A TOPSAIL DRIVE SURF CITY, N. C. 28445					
			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	CAMPAIGN ADVERTISING	10/26/2004	\$ 104.50	
				\$	
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 CHRONICLE 108 COURTHOUSE AVENUE BURGAW, N. C. 28425					
			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	CAMPAIGN ADVERTISING	10/26/2004	\$ 181.50	
				\$	
5. Total only this Page				\$ 342.18	
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>					

JAN 03 2005

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
THE PETAL PUSHER 10249 HWY 117 NORTH WILLARD, N. C. 28478			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	CAMPAIGN RIBBONS & BOW	10/26/2004	\$ 140.00	
				\$	
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
THE PENDER POST PO BOX 955 BURGAW, N. C. 28425			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	
				\$ 831.90	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADVERTISING	10/27/2004	\$ 168.55	
				\$	
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
CAPITOL PROMOTIONS INC. 2362 OAKDALE AVENUE PO BOX 231 GLENSIDE PA. 19038			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	
				\$ 3,752.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN SIGNS	10/27/2004	\$ 1,050.34	
				\$	
5. Total only this Page				\$ 1,358.89	
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>					

JAN 03 2005

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
WALLACE ENTERPRISE 109 NORTH COLLEGE 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
					\$ 1,353.07
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAGN ADVERTISING	10/19/2004	\$ 1,281.75	
5327	CHECK	CAMPAIGN ADVERTISING	10/19/2004	\$ 1,155.60	
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 type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 3,790.42
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADVERTISING	11/05/2004	\$ 75.00	
5327	CHECK	CAMPAIGN ADVERTISING	11/05/2004	\$ 51.36	
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 CROSSING HAMPSTEAD, N. C. 28443			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1,155.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADVERTISING	11/05/2004	\$ 40.08	
				\$	
5. Total only this Page				\$ 2,603.79	
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>					

JAN 03 2005

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 PENDER POST PO BOX 955 BURGAW, N. C. 28425			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
				\$ 1,000.45	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	CAMPAIGN ADVERTISINGS	11/05/2004	\$ 39.00	
				\$	
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
HILDA'S COOKING & CATERING SERVICE 506 BELL FORK ROAD JACKSONVILLE, N. C. 28540			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	VICTORY DINNER CATERING	11/13/2004	\$ 839.82	
				\$	
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 SENIOR CENTER 20959 US HWY 17 HAMPSTEAD, N. C. 28443			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	RENT FOR USE OF BUILDING	11/12/2004	\$ 200.00	
				\$	
5. Total only this Page				\$ 1,078.82	
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>				\$	

JAN 03 2005

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 checked="" 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)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 2.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	BANK DEDUCTION	CHECK PROCESSING FEE	10/25/2004	\$ 6.25	
5327	BANK DEDUCTION	SERVICE CHARGE	11/30/2004	\$ 1.65	
4. Payee Information <input checked="" 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
					\$ 1,036.68
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
5327	CHECK	Inst/removal/storage of signs	12/30/2004	\$ 834.80	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input 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	
				\$	
				\$	
5. Total only this Page				\$ 842.70	
6. Total of ALL CRO-1310 Pages				\$ 15,664.37	
<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>					

JAN 03 2005