

Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
Do not use this form to update information

1. Committee Information	
a. Full Name <i>Concerned Pender Landowners DBA Save Our Community</i>	c. ID Number <i>32-0066-159</i>
b. Mailing Address (include City, State and Zip Code) <i>311 Center Drive Hampstead N.C. 28443</i>	d. Date Filed <i>11-16-07</i>
	e. Phone Number <i>910-290-9908</i>

2. Report Year <i>2007</i>	3. Period Start Date (mm/dd/yy) <i>10-23-07</i>	4. Period End Date (mm/dd/yy) <i>11-16-07</i>	5. Treasurer Full Name <i>David E. Buffaloe</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Campaign	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input checked="" type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input checked="" type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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 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	
<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	
8. Number of Fundraisers this Report			<input type="checkbox"/> Special	10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Carolina FIRST</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose <i>Checking Account</i>	c. Account Code <i>1</i>		
	d. Period Begin Balance <i>\$ 2,283.02</i>		d. Period Begin Balance

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163-278.9(k).

David E. Buffaloe *David E. Buffaloe* *11-16-07*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

REC'D DEC 06 2007

Date Received: _____ Employee: DB

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	2. ID Number	
Save Our Community		10 day After Referendum Final report	32-0066-159	
Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,283.02	\$ 0	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 400 -	\$ 1,080 -	
6) Contributions from Individuals	(CRO-1210)	\$ 3,120 -	\$ 13,625 -	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 3,157.36	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 2,520 -	\$ 17,862.36	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 3,562.73	\$ 14,622.07	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Loan Repayments	(CRO-1420)	\$	\$	
15) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
16) In-Kind Contributions	(CRO-1510)	\$	\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 3,562.73	\$ 14,622.07	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 1,240.29	\$ 1,240.29	
19) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$	
20) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$	
21) Debts and Obligations owed By the Committee		(CRO-1610)	\$	
22) Debts and Obligations owed To the Committee		(CRO-1620)	\$	
23) Account Transfers Within the Committee		(CRO-1720)	\$	
24) Administrative Support		(CRO-1710)	\$	\$
25) Forgiven Loans		(CRO-1440)	\$	\$
26) 48-Hour Notice Reports Sum		\$	\$	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Save Our Community					32-0066-159	
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	
H. Allen Wooten 8155 Molpass Corner Rd Lenoir N.C. 28435			Business Owner			
			c. Employer's Name/Specific Field			
			Farming			
					e. Election Sum to Date	
					\$ 100-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		10-24-07	\$ 100-	
<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	
Hill Top Grocery 21170 us Highway 17 Hampstead N.C. 28443			Business Owner			
			c. Employer's Name/Specific Field			
			Grocery Store			
					e. Election Sum to Date	
					\$ 100-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-1-07	\$ 100-	
<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	
Jean TeChat 668 Hughes Rd Hampstead N.C. 28443			Teaching			
			c. Employer's Name/Specific Field			
			Pender County Schools			
					e. Election Sum to Date	
					\$ 150-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-8-07	\$ 150-	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350-	
5. Total of ALL CRO-1210 Pages					\$ 2,120-	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Save Our Community					32-0066-159	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Judy Lane 265 Lee's Lane Hampstead N.C. 28443			School Director			
			c. Employer's Name/Specific Field			
			Hampstead United Methodist Church		e. Election Sum to Date	
					\$ 1,200 ⁻	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		10-25-09	\$ 1,200 ⁻	
<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	
Ace Potter 468 Andrews Rd Hampstead N.C. 28443			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-11-09	\$ 200 ⁻	
<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	
Mont Lewis Crow Boats 405 Lewis Ad. Hampstead N.C. 28443			Business Owner			
			c. Employer's Name/Specific Field			
			Boat Building		e. Election Sum to Date	
					\$ 100 ⁻	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-2-09	\$ 100 ⁻	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500 ⁻	
5. Total of ALL CRO-1210 Pages					\$ 2,120 ⁻	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Save Our Community					32-0066-159	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lee Piven 240 Kingslanding Rd Hampstead N.C. 28443			Business Owner			
			c. Employer's Name/Specific Field			
			Accounting Firm			
					e. Election Sum to Date	
					\$ 200-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-9-07	\$ 200-	
<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	
Howard Parks 104 Deen Cove Rd Hampstead N.C. 28443			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 70-	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		11-13-07	\$ 70-	
<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	
			c. Employer's Name/Specific Field			
					e. Election 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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 270-	
5. Total of ALL CRO-1210 Pages					\$ 2,120-	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable) <u>Save Our Community</u>					2. ID Number <u>32-0066-159</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>TopSail Voice</u> <u>P.O. Box 880</u> <u>Hampstead N.C. 28443</u>					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>4,799.88</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>check</u>	<u>A</u>	<u>10-24-07</u>	<u>\$2,074.32</u>	<u>2 full page ads</u>
				\$	
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	
<u>AL Sidbury</u> <u>130 Broadview Lane</u> <u>Hampstead N.C. 28443</u>					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>641.78</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>check</u>	<u>A</u>	<u>10-31-07</u>	<u>\$641.78</u>	<u>Refund purchase of</u> <u>Star News Ad-vice</u> <u>credit card.</u>
				\$	
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	
<u>Hampstead Printing & Signs</u> <u>1680 US H. 17</u> <u>Hampstead N.C. 28443</u>					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <u>5,612.85</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>check</u>	<u>B</u>	<u>11-7-07</u>	<u>\$204.85</u>	<u>capit & 6 signs</u>
				\$	
5. Total only this Page					\$ <u>2,920.95</u>
6. Total of ALL CRO-1310 Pages					\$ <u>3,562.78</u>
<small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>					
<small>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>					
<small>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Seve Our Community					32-0066-159	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Star News P.O. Box 440 840 Wilmington N.C. 28401						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3,193.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	11-13-07	\$641.78	Ad-Neighbors	
				\$		
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	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 641.78	
6. Total of ALL CRO-1310 Pages					\$ 3,562.73	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
* Codes require detailed explanation in required remarks field (k)						