

APR 26 2004

Disclosure Report Cover

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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.

|  |                                       |
|--|---------------------------------------|
| <b>1. Committee Information</b>  |                                       |
| a. Full Name<br><br>Committee To Elect Carl M. Allen, Jr.  | c. ID Number                          |
| b. Mailing Address (include City, State and Zip Code)<br><br>7114 Power Line Road<br>Gibsonville, NC 27249 | d. Date Filed<br>04/23/04             |
|  | e. Phone Number<br><br>(336) 449-4355 |

|                        |   |   |   |
|------------------------|---|---|---|
| 2. Report Year<br>2004 | 3. Period Start Date (mm/dd/yyyy)<br>01/01/04 | 4. Period End Date (mm/dd/yyyy)<br>04/17/04 | 5. Treasurer Full Name<br>Garland F. Steele |
|------------------------|---|---|---|

|   |                                |  |  |   |
|---|--------------------------------|--|--|---|
| <b>6. Type of Committee (Check one)</b>                             |                                | <b>8. Type of Report (check only one type of report from one category)</b> |  |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party | <b>Municipal</b>   | <b>State/County</b>                            | <b>Referendum</b>                           |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC   | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational        | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 |                                | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly             | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |                                | <input type="checkbox"/> Pre-primary                                       | <input checked="" 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 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              | <b>9. Special Report Name</b>               |
| <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               |   |

|  |                                     |                                    |                               |
|--|-------------------------------------|------------------------------------|-------------------------------|
| <b>10. Account Information</b>                       |                                     | <b>10. Account Information</b>     |                               |
| a. Financial Institution Full Name<br>1st State Bank |                                     | a. Financial Institution Full Name |                               |
| b. Purpose<br>Checking                               | c. Code                             | b. Purpose                         | c. Code                       |
|  | d. Period Begin Balance<br>\$ 50.05 |                                    | d. Period Begin Balance<br>\$ |

**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.

Garland F. Steele  
Printed Name of Signer

*Garland F. Steele*  
Signature of Appointed Treasurer

04/23/04  
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                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| 1. Committee Full Name (and Fund if applicable)  | 2. Type of Report | 3. ID Number                |                           |
|--|-------------------|-----------------------------|---------------------------|
| Committee To Elect Carl M. Allen, Jr.  | First Plus        |                             |                           |
| Start of Election Cycle: January 1, <u>2004</u>  |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$                          | \$                        |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals   | (CRO-1205)        | \$ 800.00                   | \$                        |
| 6) Contributions from Individuals  | (CRO-1210)        | \$ 450.00                   | \$                        |
| 7) Contributions from Political Party Committees                                       | (CRO-1220)        | \$                          | \$                        |
| 8) Contributions from Other Political Committees                                       | (CRO-1230)        | \$                          | \$                        |
| 9) Loan Proceeds   | (CRO-1410)        | \$ 4,889.59                 | \$                        |
| 10) Refunds/Reimbursements To the Committee  | (CRO-1240)        | \$                          | \$                        |
| 11) Other Receipt Sources  | (CRO-1250)        |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)        | \$ .07                      | \$                        |
| 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<br><i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>      |                   | \$ 6,139.66                 | \$                        |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 14) Disbursements  | (CRO-1310)        |                             |                           |
| 14a) Operating Expenditures  | (CRO-1310)        | \$ 4,889.59                 | \$                        |
| 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<br><i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>             |                   | \$ 4,889.59                 | \$                        |
| 19) Cash on Hand at End<br><i>(Add lines 4 and 13 together, then subtract line 18)</i> |                   | \$ 1,250.07                 | \$                        |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 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 |  |
|--|-----------------|--------------------|------------------------|----------------------|--------------|--|
| Committee To Elect Carl M. Allen, Jr.                                  |                 |                    |                        |                      |              |  |
| <b>3. Contributor Information</b>                                      |                 |                    |                        |                      |              |  |
| a. Amend   | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 01/19/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 01/22/04             | \$ 25.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 01/27/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 02/06/04             | \$ 25.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 02/12/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 02/18/04             | \$ 50.00     |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 03/05/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 03/16/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 04/05/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 | Check              |                        | 04/08/04             | \$ 100.00    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove        |                 |                    |                        |                      | \$           |  |
| <b>4. Total only this Page</b>   |                 |                    |                        |                      | \$ 800.00    |  |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                 |                    |                        |                      | \$ 800.00    |  |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                 |                    |                        |                      |              |  |

# Contributions from Individuals

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

|  |                 |                    |                                   |                      |                               |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------------|
| 1. Committee Full Name (and Fund if applicable)  |                 |                    |                                   | 2. ID Number         |                               |
| Committee To Elect Carl M. Allen, Jr.  |                 |                    |                                   |                      |                               |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |                                   |                      |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                    |                 |                    | b. Job Title/Profession           |                      | d. Comments                   |
| Pierre & Carolyn Gorla<br>5274 McLeansville Road<br>McLeansville, NC 27301<br>697-8597                   |                 |                    | Developer                         |                      |                               |
|  |                 |                    | 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"/>   |                 | Check              |                                   | 04/04/04             | \$ 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<br>(include city, state, & zip)                                    |                 |                    | b. Job Title/Profession           |                      | d. Comments                   |
| William O. Ameen, Jr., MD<br>P. O. Box 9925<br>Greensboro, NC 27455                                      |                 |                    | Physician                         |                      |                               |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                               |
|  |                 |                    | Self-Employed                     |                      | e. Election Cycle Sum to Date |
|  |                 |                    |                                   |                      | \$ 250.00                     |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount                     |
| <input type="checkbox"/>   |                 | Check              |                                   | 04/17/04             | \$ 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<br>(include city, state, & zip)                                    |                 |                    | 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"/>   |                 |                    |                                   |                      | \$                            |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                            |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                            |
| 4. Total only this Page  |                 |                    |                                   |                      | \$ 450.00                     |
| 5. Total of ALL CRO-1210 Pages<br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                 |                    |                                   |                      | \$ 450.00                     |

# Other Receipt Sources

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

|  |                    |                                |                      |                                     |  |
|--|--------------------|--------------------------------|----------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)  |                    |                                |                      | 2. ID Number                        |  |
| Committee To Elect Carl M. Allen, Jr.  |                    |                                |                      |                                     |  |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>   |                    |                                |                      |                                     |  |
| <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income |                    |                                |                      |                                     |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                                |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Not-for-Profit Federal ID # |                      | d. Comments                         |  |
| 1st State Bank<br>P. O. Box 1797<br>Burlington, NC 27216   |                    | c. Outside Source Explanation  |                      | e. Election Cycle Sum to Date<br>\$ |  |
|  |                    |                                |                      |                                     |  |
| f. Account Code  | g. Form of Payment | h. In-Kind Description         | i. Date (mm/dd/yyyy) | j. Amount                           |  |
|  | Cash               |                                | 03/31/04             | \$ .07                              |  |
|  |                    |                                |                      | \$                                  |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                                |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Not-for-Profit Federal ID # |                      | d. Comments                         |  |
|  |                    | c. Outside Source Explanation  |                      | e. Election Cycle Sum to Date<br>\$ |  |
|  |                    |                                |                      |                                     |  |
| f. Account Code  | g. Form of Payment | h. In-Kind Description         | i. Date (mm/dd/yyyy) | j. Amount                           |  |
|  |                    |                                |                      | \$                                  |  |
|  |                    |                                |                      | \$                                  |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                                |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Not-for-Profit Federal ID # |                      | d. Comments                         |  |
|  |                    | c. Outside Source Explanation  |                      | e. Election Cycle Sum to Date<br>\$ |  |
|  |                    |                                |                      |                                     |  |
| f. Account Code  | g. Form of Payment | h. In-Kind Description         | i. Date (mm/dd/yyyy) | j. Amount                           |  |
|  |                    |                                |                      | \$                                  |  |
|  |                    |                                |                      | \$                                  |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                                |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Not-for-Profit Federal ID # |                      | d. Comments                         |  |
|  |                    | c. Outside Source Explanation  |                      | e. Election Cycle Sum to Date<br>\$ |  |
|  |                    |                                |                      |                                     |  |
| f. Account Code  | g. Form of Payment | h. In-Kind Description         | i. Date (mm/dd/yyyy) | j. Amount                           |  |
|  |                    |                                |                      | \$                                  |  |
|  |                    |                                |                      | \$                                  |  |
| 5. Total only this Page  |                    |                                |                      | \$ .07                              |  |
| 6. Total of ALL CRO-1250 Pages   |                    |                                |                      | \$ .07                              |  |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>  |                    |                                |                      |                                     |  |
| <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>   |                    |                                |                      |                                     |  |
| <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>   |                    |                                |                      |                                     |  |

# Disbursements

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

|  |                    |   |                      |                               |  |
|--|--------------------|---|----------------------|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)  |                    |   |                      | 2. ID Number                  |  |
| Committee To Elect Carl M. Allen, Jr.  |                    |   |                      |                               |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |   |                      |                               |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |   |                      |                               |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| 1st State Bank<br>P. O. Box 1797<br>Burlington, NC 27216   |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|  |                    |   |                      | \$                            |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|  | Bank Draft         | Service Charge  | 08/31/03             | \$ 10.00                      |  |
|  | Bank Draft         | Service Charge  | 09/30/03             | \$ 10.00                      |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| 1st State Bank<br>P. O. Box 1797<br>Burlington, NC 27216   |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|  |                    |   |                      | \$                            |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|  | Bank Draft         | Service Charge  | 10/31/03             | \$ 10.00                      |  |
|  | Bank Draft         | Service Charge  | 11/30/03             | \$ 10.00                      |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| Copy Max<br>3121A Garden Road<br>Burlington, NC 27215  |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|  |                    |   |                      | \$                            |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|  | Cash               | Office Supplies   | 10/17/03             | \$ 117.68                     |  |
|  | Check              | Office Supplies   | 11/23/03             | \$ 110.19                     |  |
| 5. Total only this Page  |                    |   |                      | \$ 267.87                     |  |
| 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

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

|  |                    |                 |   |              |             |
|--|--------------------|-----------------|---|--------------|-------------|
| 1. Committee Full Name (and Fund if applicable)  |                    |                 |   | 2. ID Number |             |
| Committee To Elect Carl M. Allen, Jr.  |                    |                 |   |              |             |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |                 |   |              |             |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |   |              |             |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |              |             |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |              | d. Comments |
| Signs & Wonders<br>McLeansville, NC 27301  |                    |                 | c. Level Registered (Specify)   |              |             |
|  |                    |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input 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    |             |
|  | Credit Card        | Advertising     | 12/01/03  | \$ 130.00    |             |
|  |                    |                 |   | \$           |             |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |              |             |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |              | d. Comments |
| 1st State Bank<br>P. O. Box 1797<br>Burlington, NC 27216   |                    |                 | c. Level Registered (Specify)   |              |             |
|  |                    |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input 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    |             |
|  | Bank Draft         | Service Charge  | 12/31/03  | \$ 10.00     |             |
|  | Bank Draft         | Service Charge  | 01/31/04  | \$ 10.00     |             |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |              |             |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |              | d. Comments |
| Office Max<br>3121-A Garden Road<br>Burlington, NC 27215   |                    |                 | c. Level Registered (Specify)   |              |             |
|  |                    |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input 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    |             |
|  | Credit Card        | Office Supplies | 01/19/04  | \$ 130.79    |             |
|  |                    |                 |   | \$           |             |
| 5. Total only this Page  |                    |                 |   | \$ 280.79    |             |
| 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>  |                    |                 |   |              |             |

# Disbursements

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

|  |                    |   |                               |             |
|--|--------------------|---|-------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)  |                    |   | 2. ID Number                  |             |
| Committee To Elect Carl M. Allen, Jr.  |                    |   |                               |             |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |   |                               |             |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |   |                               |             |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                               |             |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)  |                    | b. Coordinated Committee Name   | d. Comments                   |             |
| CXXIV, Inc.<br>Oklahoma City<br>Oklahoma   |                    |   |                               |             |
|  |                    | c. Level Registered (Specify)   | e. Election Cycle Sum to Date |             |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |             |
|  |                    |   | \$                            |             |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy)          | j. Amount   |
|  | Credit Card        | Web Site Design   | 01/19/04                      | \$ 3,130.00 |
|  |                    |   |                               | \$          |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                               |             |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)  |                    | b. Coordinated Committee Name   | d. Comments                   |             |
| Sound Lab<br>P. O. Box 10437<br>Greensboro, NC 27404   |                    |   |                               |             |
|  |                    | c. Level Registered (Specify)   | e. Election Cycle Sum to Date |             |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |             |
|  |                    |   | \$                            |             |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy)          | j. Amount   |
|  | Cash               | Advertising   | 02/03/04                      | \$ 36.38    |
|  |                    |   |                               | \$          |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                               |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   | d. Comments                   |             |
| Adam's Sign<br>P. O. Box 171<br>Gibsonville, NC 27249  |                    |   |                               |             |
|  |                    | c. Level Registered (Specify)   | e. Election Cycle Sum to Date |             |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                               |             |
|  |                    |   | \$                            |             |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy)          | j. Amount   |
|  | Check              | Advertising   | 02/17/04                      | \$ 32.10    |
|  |                    |   |                               | \$          |
| 5. Total only this Page  |                    |   |                               | \$ 3,198.48 |
| 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**

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

|   |                     |
|---|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>Committee To Elect Carl M. Allen, Jr. | <b>2. ID Number</b> |
|---|---------------------|

|   |
|---|
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |
|---|

|  |   |  |
|--|---|--|
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Office Max<br>3121-A Garden Road<br>Burlington, NC 27215 | <b>b. Coordinated Committee Name</b>  | <b>d. Comments</b>                         |
|  | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: | <b>e. Election Cycle Sum to Date</b><br>\$ |

| f. Account Code | g. Form of Payment | h. Purpose      | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|-----------------|----------------------|-----------|
|                 | Cash               | Office Supplies | 03/05/04             | \$ 37.08  |
|                 |                    |                 |                      | \$        |

|  |   |  |
|--|---|--|
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Guilford County Baord Of Elections<br>Greensboro, NC | <b>b. Coordinated Committee Name</b>  | <b>d. Comments</b>                         |
|  | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: | <b>e. Election Cycle Sum to Date</b><br>\$ |

| f. Account Code | g. Form of Payment | h. Purpose   | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|--------------|----------------------|-----------|
|                 | Cash               | Mailing List | 03/05/04             | \$ 28.00  |
|                 |                    |              |                      | \$        |

|  |   |  |
|--|---|--|
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                               |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Lowe's<br>Burlington, NC 27215 | <b>b. Coordinated Committee Name</b>  | <b>d. Comments</b>                         |
|  | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: | <b>e. Election Cycle Sum to Date</b><br>\$ |

| f. Account Code | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|-------------|----------------------|-----------|
|                 | Credit Card        | Advertising | 03/19/04             | \$ 178.27 |
|                 |                    |             |                      | \$        |

|                                |           |
|--------------------------------|-----------|
| <b>5. Total only this Page</b> | \$ 243.35 |
|--------------------------------|-----------|

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

# Disbursements

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

|   |                    |   |                      |                               |  |
|---|--------------------|---|----------------------|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)   |                    |   |                      | 2. ID Number                  |  |
| Committee To Elect Carl M. Allen, Jr.   |                    |   |                      |                               |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                    |   |                      |                               |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                    |   |                      |                               |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| Capitol Promotions, Inc.<br>P. O. Box 231<br>Glenside, PA 19038   |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|   |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|   |                    |   |                      | \$                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|   | Credit Card        | Advertising   | 03/25/04             | \$ 569.16                     |  |
|   |                    |   |                      | \$                            |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| Office Max<br>3121-A Garden Road<br>Burlington, NC 27215  |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|   |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|   |                    |   |                      | \$                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|   | Credit Card        | Office Supplies   | 03/29/04             | \$ 129.19                     |  |
|   | Credit Card        | Office Supplies   | 03/29/04             | \$ 45.40                      |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |   |                      |                               |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    | b. Coordinated Committee Name   |                      | d. Comments                   |  |
| 1st State Bank<br>P. O. Box 1797<br>Burlington, NC 27216  |                    | c. Level Registered (Specify)   |                      | e. Election Cycle Sum to Date |  |
|   |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                               |  |
|   |                    |   |                      | \$                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                     |  |
|   | Bank Draft         | Service Charge  | 03/31/04             | \$ 10.00                      |  |
|   |                    |   |                      | \$                            |  |
| 5. Total only this Page   |                    |   |                      | \$ 753.75                     |  |
| 6. Total of ALL CRO-1310 Pages  |                    |   |                      | \$ 4,889.59                   |  |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |   |                      |                               |  |

# Loan Proceeds

|   |                            |  |                           |  |  |
|---|----------------------------|--|---------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                    |                            |  |                           | <b>2. ID Number</b>                      |  |
| Committee To Elect Carl M. Allen, Jr.   |                            |  |                           |  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>d. Comments</b>                       |  |
| Carl M. Allen, Jr.<br>7114 Power Line Rd.<br>Gibsonville<br>North Carolina 27249          |                            | Physician Assistant                      |                           |  |  |
|   |                            | <b>c. Employer's Name/Specific Field</b> |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|   |                            | Medical                                  |                           | 01/01/04                                 |  |
|   |                            |  |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|   |                            |  |                           |  |  |
| <b>g. Rate</b>  | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| %   | None                       |  | Cash/Credit Cd            | \$ 4,889.59                              |  |
| <b>l. Full Name of Lending Institution</b>  |                            |  |                           | <b>m. Loan Number</b>                    |  |
|   |                            |  |                           |  |  |
| <b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>                    |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>5. Total of ALL CRO-1410 Pages</b>   |                            |  |                           | \$                                       |  |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>                    |                            |  |                           |  |  |