

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 | | c. ID Number | |
| Full Name LAURIN EASTHOM FOR COUNCIL | | X2YEP8 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 104 LIVINGSTON PLACE CHAPEL HILL, NC 27516 | | 01/07/2008 | |
| | | e. Phone Number | |
| | | 919-942-0001 | |

| | | | |
|-----------------------|--|--------------------------------------|-------------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2007 | 07/01/2007 | 12/31/2007 | CHARLES H. LANCASTER |

| | | | | |
|---|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. 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"/> Legal Expense Fund | <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 | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input checked="" type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|---|--------------------------------|---|--------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| BANK OF AMERICA | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| FOR ALL CAMPAIGN EXPENSES | LE-1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 701.31 | | \$ |

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).

CHARLES H. LANCASTER 01/07/2008

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1/4/08 Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: 1/29/08 Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Received

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.

JAN 04 2008

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 | 3. ID Number | |
|--|-------------------|-----------------------------|---------------------------|
| LAURIN EASTHOM FOR COUNCIL | YEAR END | X2YEP8 | |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 701.31 | \$ 701.31 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 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) | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c) | | \$ 0.00 | \$ 0.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | \$ |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 200.00 | \$ 200.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | | \$ 200.00 | \$ 200.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | | \$ 501.31 | \$ 501.31 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | \$ |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 162.40 | \$ |
| 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-2200) | \$ | \$ |
| 27) Contributions to be refunded | (CRO-1215) | \$ | \$ |

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 | |
| LAURIN EASTHOM FOR COUNCIL | | | | | X2YEP8 | |
| Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Coordinated Committee Name | | d. Comments | |
| KINNAIRD FOR STATE SENATE PO BOX 668 CARRBORO, NC 27510 919-929-1607 | | | | | | |
| | | | 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: | | \$ 200.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| LE-1 | CHECK | D | 11/27/2007 | \$200.00 | POLITICAL CANDIDATE | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | 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 <small>(include city, state, & zip)</small> | | | 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 | | | | | \$ 200.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 200.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| Purpose Codes <small>(List detailed expenditure code in (h.) above)</small> | | | | | | |
| 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) | | | | | | |

Received

JAN 04 2008
Orange Co. Bd. of Elections

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | |
|---|-----------------------------|--------------------------------------|---|
| 1. Committee Full Name (and Fund if applicable) LAURIN EASTHOM FOR COUNCIL | | | 2. ID Number X2YEP8 |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) LAURIN EASTHOM 305 ROWE ROAD CHAPEL HILL, NC 27516 | | b. Job Title/Profession DENTIST | d. Comments |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) 6/16/2005 |
| | | | f. End Date (mm/dd/yyyy) 12/31/07 |
| g. Rate 6.0 % | h. Security Pledged NONE | i. Original Loan Amount \$ 162.40 | j. Remaining Loan Balance \$ 162.40 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| 3. Lender 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. Start Date (mm/dd/yyyy) |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate % | h. Security Pledged | i. Original Loan Amount \$ | j. Remaining Loan Balance \$ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| 3. Lender 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. Start Date (mm/dd/yyyy) |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate % | h. Security Pledged | i. Original Loan Amount \$ | j. Remaining Loan Balance \$ |
| k. Full Name of Lending Institutions | | | l. Loan Number |
| 4. Total only this Page | | | \$ 162.40 |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | \$ 162.40 |

Received

JAN 04 2008