

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 LEO ALLISON COMMITTEE | | c. ID Number 5101677542 |
| b. Mailing Address (include City, State and Zip Code) P.O. BOX 311 EFFLAND, N.C. 27243 | | d. Date Filed |
| | | e. Phone Number |

| | | | |
|-------------------------------|---|-------------------------------|---|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yy) 1-01-2009 | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name LEO L. ALLISON |
|-------------------------------|---|-------------------------------|---|

| | | | | |
|---|---|---|--|---|
| 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 | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> State (County) | <input type="checkbox"/> 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 | 10. Special Report Name |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input checked="" type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|--|--|-------------------------|---|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name BB&T BANK | a. Financial Institution Full Name BB&T BANK | b. Purpose | c. Account Code 5101677542 |
| b. Purpose | c. Account Code 5101677542 | | d. Period Begin Balance \$ 207.91 |
| | | | d. Period Begin Balance \$ - 0 - |

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).

LEO L. ALLISON *[Signature]* **02/06/2009**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|------------------------------|-----------------|---|
| Date Received: 2/6/09 | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: 2/10/09 | Employee: _____ | |
| Date Data Entered: _____ | Employee: _____ | |

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.

Received
FEB 06 2009

Detailed Summary

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

Amendment

Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-----------------------------|---------------------------|--|
| LEO ALLISON COMMITTEE | FINAL | 5101677542 | |
| Start of Election Cycle: January 1, _____ | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ | \$ | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ 1850.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ | \$ 2939.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ 150.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ | \$ | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ | \$ 500.00 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ 640.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) | \$ | \$ 6079.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 207.91 | \$ 6079.00 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ | \$ | |
| 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, 16 and 17) | \$ 207.91 | \$ 6079.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ | \$ -0- | |
| 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) | \$ | \$ Received | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ FEB 06 2009 | |

CRO 1100

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) LED ALLISON COMMITTEE | 2. ID Number 5101677542 |
|---|-----------------------------------|

| | | |
|---|---|---|
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | |
| <input 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 <small>(include city, state, & zip)</small> ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DRIVE HILLSBOROUGH, NC 27278 | b. Coordinated Committee Name LED ALLISON COMMITTEE | d. Comments e. Election Sum to Date \$207.91 |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" 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 |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| | CHECK | 0 | 1/06/2009 | \$207.91 | NON PROFIT |
| | | | | \$ | |

| | | |
|--|--------------------------------------|---|
| 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 e. Election Sum to Date \$ |
| c. Level Registered (Specify) <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 e. Election Sum to Date \$ |
| c. Level Registered (Specify) <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 | \$ 207.91 |
| 6. Total of ALL CRO-1310 Pages <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | \$ 207.91 |

| | | | |
|--|----------------|----------------------|-------------------------------------|
| 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 |



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: LEO ALLISON COMMITTEE
 Treasurer Name: LEO L. ALLISON
 Treasurer Address: P.O. BOX 311
 (include city, state, & zip) EFLAND, NC 27243
 Treasurer Phone: 919-563-9110

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

02/6/2009
 Date Signed

[Signature]
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.