

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		c. ID Number	
LAVELLE CAMPAIGN			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO BOX 1005 CARRBORO, NC 27510		10/29/2007	
		e. Phone Number	
		919-942-5640	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	9/26/2007	10/22/2007	Charles H. Lancaster
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final
3		<input type="checkbox"/> Special	<input type="checkbox"/> Special
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SUN TRUST			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
FOR ALL CAMPAIGN EXPENSES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 3,310.64		\$
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).			
Charles H. Lancaster		10/29/2007	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	10/29/07	Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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"/> Registered as not received mandatory training
OCT 29 2007			
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. Orange Co. Bd. of Elections 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	
LAVELLE CAMPAIGN	PRE-ELECTION		
Start of Election Cycle:	January 1,	2007	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,310.64	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 622.50	\$ 2,572.14
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 2,060.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 100.00
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)	\$	\$
12) TOTAL RECEIPTS		\$ 722.50	\$ 4,732.14
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,410.81	\$ 3,095.17
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)	\$ 57.50	\$ 72.14
17) TOTAL EXPENDITURES		\$ 2,468.31	\$ 3,167.31
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			
18) Cash on Hand at End		\$ 1,564.83	\$ 1,564.83
<i>(Add lines 4 and 12 together, then subtract line 17)</i>			
ADDITIONAL INFORMATION			
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		\$	\$

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)		2. ID Number				
VELLE CAMPAIGN						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add	1	CHECK		10/9/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/9/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/9/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/9/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/9/2007	\$ 20.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/4/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/4/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/12/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/12/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CASH		10/16/2007	\$ 25.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/10/07	\$ 10.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/16/2007	\$ 10.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/16/2007	\$ 25.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/22/2007	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK		10/22/2007	\$ 25.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK	REFRESHMENTS	09/30/2007	\$ 25.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK	REFRESHMENTS	10/21/2007	\$ 7.50	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	1	CHECK	REFRESHMENTS	10/16/2007	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
Total only this Page					\$ 622.50	
5. Total of ALL CRO-1205 Pages					\$ 622.50	
<i>(This line must be on line 5 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	
LAVELLE CAMPAIGN						
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	
ALICE GLOVER 1402 BINGHAM ROAD CHAPEL HILL, NC 27517 919-942-0979			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
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		10/09/2007	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
BONNIE STEVENSON 116 PERSIMMON RD PITTSBORO, NC 27312 1-800-948-9222			ADMINISTRATOR			
			c. Employer's Name/Specific Field			
			PSTRAT			
					e. Election Sum to Date	
					\$ 90.00	
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		10/22/2007	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			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:					\$ 100.00	
5. Total of ALL CRO-1210 Pages					\$ 100.00	
<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)					2. ID Number
LAVELLE CAMPAIGN					
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
KINKOS 5319 NEW HOPE COMMONS DURHAM, NC 27707 919-402-8160					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 202.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	K	10/02/2007	\$160.13	COPYING
1	CHECK	K	10/09/2007	\$10.13	COPYING
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
ROSS INDUSTRIES VOTES UNLIMITED 60 STATE ROAD FERNDALE, NY 12734 1-845-292-7677					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 1229.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/09/2007	\$1229.52	CAMPAIGN SIGNS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
US POSTMASTER 1500 W. MAIN STREET CARRBORO, NC 27510 919-968-4573					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 210.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	I	10/09/2007	\$22.14	POSTAGE
1	CHECK	I	10/12/2007	\$24.60	POSTAGE
5. Total only this Page					\$ 1446.52
6. Total of ALL CRO-1310 Pages					\$ 2410.81
<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 Contributions to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public 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
LAVELLE CAMPAIGN					
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
AMERICAN STATIONERY 100 N. PARK AVE PERU, IN 46970 1-800-822-2577					
			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:		\$ 89.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	10/09/2007	\$44.95	CARDS
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
PS PRINT 2861 MANDELA PARKWAY OAKLAND, CA 94608 1-800-511-2009					
			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:		\$ 525.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/9/2007	\$525.89	MAILER
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
US POSTMASTER 1500 W. MAIN STREET CARRBORO, NC 27510 919-968-4573					
			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:		\$ 604.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	I	10/22/2007	\$393.45	POSTAGE
				\$	
5. Total only this Page					\$ 964.29
6. Total of ALL CRO-1310 Pages					\$ 2410.81
<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>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LAVELLE CAMPAIGN			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SUSAN SHARPE 610 N. GREENSBORO ST. CARRBORO, NC 27510 919-942-1441		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 25.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
REFRESHMENTS		9/30/2007	\$ 25.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
HEDI PAULSON 207 W. POPLAR CARRBORO, NC 27510 919-929-1607		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 7.50	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
REFRESHMENTS		10/21/2007	\$ 7.50
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BRIAN PHILLIPS 109 LORILANE DRIVE CARRBORO, NC 27510 919-225-4165		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 25.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
REFRESHMENTS		10/16/2007	\$ 25.00
			\$
			\$
4. Total only this Page			\$ 57.50
5. Total of ALL CRO-1510 Pages			\$ 57.50
<i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>			