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
Alice Gordon Campaign	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
Box 2425 Chapel Hill, NC 27515	27 July 2007
	e. Phone Number
	919-933-0550

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	01/01/2007	06/30/2007	Alice M. Gordon

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☒ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
SunTrust	
b. Purpose	**c. Account Code**
Depository for Campaign	1
	d. Period Begin Balance
	$ 48.35

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k). (On line training - 25 July 2007)

Alice M. Gordon		27 July 2007
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	8/1/07	Employee:	
Date Postmarked:		Employee:	
Date Scanned:	8/1/07	Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☒ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

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

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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	2. ID Number
Alice Gordon Campaign	2007 Semi Annual Mid Year	

Start of Election Cycle: January 1, 2006		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 48.35	$ 27.78
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$ 6663.00
6) Contributions from Individuals	(CRO-1210)	$	$ 342.26
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$ 2450.00
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 *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 0	$ 9455.26
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$	$ 8934.69
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$ 500.00
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Loan Repayments	(CRO-1420)	$	$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
16) In-Kind Contributions	(CRO-1510)	$	$
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 0	$ 9434.69
18) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 17)*		$ 48.35	$ 48.35
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 5300.00	
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		$	

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Outstanding Loans

Pg 1 of 2 Amendment ☐ Yes ☒ No

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)	2. ID Number
Alice Gordon Campaign	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Alice M. Gordon 282 Edgewood Dr. Chapel Hill, NC 27517 919-933-0550	County Commissioner	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	Orange County	1990 (From 1990 campaign)
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 2900.00	$ 2850.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Alice M. Gordon 282 Edgewood Dr. Chapel Hill, NC 27517 919-933-0550	County Commissioner	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	Orange County	03/08/2006
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 800.00	$ 800.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Alice M. Gordon 282 Edgewood Dr. Chapel Hill, NC 27517 919-933-0550	County Commissioner	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	Orange County	03/23/2006
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 900.00	$ 900.00

k. Full Name of Lending Institution	l. Loan Number

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4. Total only this Page	$ 4550.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 5300.00

Outstanding Loans

Pg 2 of 2 Amendment ☐ Yes ☒ No

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)	2. ID Number
Alice Gordon Campaign	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Alice M. Gordon 282 Edgewood Dr. Chapel Hill, NC 27517 919-933-0550	County Commissioner	e. Start Date (mm/dd/yyyy): 10/31/2006
	c. Employer's Name/Specific Field: Orange County	f. End Date (mm/dd/yyyy):

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 500.00	$ 500.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Alice M. Gordon 282 Edgewood Dr Chapel Hill, NC 27517 919-933-0550	County Commissioner	e. Start Date (mm/dd/yyyy): 11/01/2006
	c. Employer's Name/Specific Field: Orange County	f. End Date (mm/dd/yyyy):

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 250.00	$ 250.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy):
	c. Employer's Name/Specific Field:	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

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4. Total only this Page	$ 750.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 5300.00

STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. ~~[have not completed this training]~~ but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

*On 25 July 2007 I completed this training on line.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Alice Gordon Campaign
Name of Committee

Alice M. Gordon
Printed name of appointed treasurer

Signature of appointed treasurer

27 July 2007
Date

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