

# 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

<b>1. Committee Information</b>				
a. Full Name <b>D.J. HAIRE Election Campaign</b>			c. ID Number <b>E91038</b>	
b. Mailing Address (include City, State and Zip Code) <b>709-17 Filter Plant Drive Kayetteville, NC 28301</b>			d. Date Filed <b>9/24/2009</b>	
			e. Phone Number <b>(910) 988-0315</b>	
2. Report Year <b>2009</b>	3. Period Start Date (mm/dd/yy) <b>8/29/2009</b>	4. Period End Date (mm/dd/yy) <b>9/21/2009</b>	5. Treasurer Full Name <b>Gale J. Fort</b>	
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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
<b>11. Account Information</b>				
a. Financial Institution Full Name <b>Carter's Bank</b>				
b. Purpose <b>Campaign Account for Receipts and expenditures</b>			c. Account Code	
			d. Period Begin Balance \$	
<b>CERTIFICATION</b>				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed 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				
<b>Gale J. Fort</b>		<b>Gale J. Fort</b>		<b>9/24/2009</b>
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<b>9-24-09</b>	Employee:	<b>AKG</b>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> This form 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 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
D. J. Haig Election Campaign		E94038
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2789.09	\$ 1238.47
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ - 0 -	\$ - 0 -
6) Contributions from Individuals (CRO-1210)	\$ 2,055.00	\$ 8,975.00
7) Contributions from Political Party Committees (CRO-1220)	\$ - 0 -	\$ - 0 -
8) Contributions from Other Political Committees (CRO-1230)	\$ - 0 -	\$ - 0 -
9) Loan Proceeds (CRO-1410)	\$ 21.26	\$ 486.10
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ - 0 -	\$ - 0 -
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ - 0 -	\$ - 0 -
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ - 0 -	\$ - 0 -
11c) Outside Sources of Income (CRO-1250)	\$ - 0 -	\$ - 0 -
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ - 0 -	\$ - 0 -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 2076.26	\$ 9461.10
<b>EXPENDITURES</b>		
13) Disbursements	Total this	Total this
13a) Operating Expenditures (CRO-1310)	\$ 513.10	\$ 6058.32
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ - 0 -	\$ 289.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ - 0 -	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ - 0 -	\$
15) Loan Repayments (CRO-1420)	\$ - 0 -	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ - 0 -	\$
17) In-Kind Contributions (CRO-1510)	\$ - 0 -	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 513.10	\$ 6347.32
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4352.25	\$ 4352.25
<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 (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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	
D.J. Hairie Election Campaign						E91038	
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	
Brenda Lallier 600 Willow Bend Lane Kayetteville, NC 28301				CAR Dealership Administration			
				c. Employer's Name/Specific Field			
				Reed Lallier		e. Election Sum to Date	
				Auto Dealership		\$ 500.00	
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		9/14/2009		\$ 500.00	
<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	
Michael G. Lallier 600 Willow Bend Lane Kayetteville, NC 28301				CAR Dealer			
				c. Employer's Name/Specific Field			
				Reed Lallier   CEO		e. Election Sum to Date	
				Auto Dealership		\$ 500.00	
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		9/14/2009		\$ 300.00	
<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	
Bobby J. Ewell 846 Abilene Road Kayetteville, NC 28303				Retired Military			
				c. Employer's Name/Specific Field			
				U.S. Army		e. Election 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"/>	1	check		9/20/2009		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2055.00	

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	
D.J. Hairé Election Campaign					E94038	
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	
Julian Stackhouse 3445 Bennett Drive Kayetteville, NC 28301			Retired			
			c. Employer's Name/Specific Field			
			Federal Government		e. Election Sum to Date	
					\$ 55.00	
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		9/24/2009	\$ 55.00	
<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	
Harold N. Xon 15916 Ellsworth Drive Tampa, Florida 33647			Retired Educator			
			c. Employer's Name/Specific Field			
			Vice Chancellor State University System		e. Election Sum to Date	
					\$ 2000.00	
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		9/24/2009	\$ 1000.00	
<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					\$ 1055.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 2055.00	

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) <b>D. T. Haire Election Campaign</b>						2. ID Number <b>E94038</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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 (include city, state, & zip) <b>NORRISON Portable Toilet Rental 323 Forsythe Street Kayetteville NC 28312</b>				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date <b>\$ 50.00</b>			
f. Account Code <b>1</b>	g. Form of Payment <b>Checks</b>	h. Purpose Code	i. Date (mm/dd/yyyy) <b>9/13/2009</b>	j. Amount <b>\$ 50.00</b>	k. Required Remarks <b>rental for BOOTH THE VOTE CAMP</b>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Stephen Aldridge - Photography 2643 Dunboe ton Road Kayetteville, NC 28306</b>				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date <b>\$ 200.00</b>			
f. Account Code <b>1</b>	g. Form of Payment <b>check</b>	h. Purpose Code <b>0</b>	i. Date (mm/dd/yyyy) <b>9/13/2009</b>	j. Amount <b>\$ 200.00</b>	k. Required Remarks <b>Photography - Photo for Ads &amp; Campaign h/outs</b>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Wal Mart 3725 Ramsey Street Kayetteville, NC 28301</b>				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date <b>\$ 449.82</b>			
f. Account Code <b>1</b>	g. Form of Payment <b>check</b>	h. Purpose Code <b>0</b>	i. Date (mm/dd/yyyy) <b>9/14/2009</b>	j. Amount <b>\$ 117.10</b>	k. Required Remarks <b>refreshments for volunteers/cookad</b>		
5. Total only this Page:						<b>\$ 699.82</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						<b>\$ 845.82</b>	
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				
* 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	
D.J. Haibe Election Campaign						E94038	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Change Seafood 110 Johnson Street Fayetteville, NC 28303							
c. Level Registered (Specify)							
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						e. Election Sum to Date	
						\$ 146.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1		0	9/14/2009	\$ 146.00	fish for volunteers cook out		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)							
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						e. Election Sum to Date	
						\$	
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)							
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						e. Election Sum to Date	
						\$	
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						\$ 146.00	
6. Total of ALL CRO-1310 Pages						\$ 845.82	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
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	
* Codes require detailed explanation in required remarks field (k)							

# Loan Proceeds

Pg 1 of 1 Amendment  Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
D. J. Haire Election Campaign					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
D. J. Haire 709-17 Filter Plant Drive Fayetteville, NC 28301		Candidate			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		N/A		8/29/2009	
				<b>f. End Date (mm/dd/yyyy)</b>	
				9/21/2009	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
8%		1	check	\$ 21.26	
<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> (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> (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> (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> (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>			<b>b. Job Title/Profession</b>	<b>c. Amount</b>	
					\$ 21.26