

Disclosure Report Cover

Amendment

Yes

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 <i>Save Our Community</i>		c. ID Number <i>32-0066-159</i>
b. Mailing Address (include City, State and Zip Code) <i>16881 US Hwy 17 Suite 123 Hampstead N.C. 28443 910-270-9708</i>		d. Date Filed <i>9-17-07</i>
		e. Phone Number <i>910-270-9708</i>

2. Report Year <i>2007</i>	3. Period Start Date (mm/dd/yy) <i>8-2-07</i>	4. Period End Date (mm/dd/yy) <i>8-31-07</i>	5. Treasurer Full Name <i>David E. Buffaloe</i>
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input checked="" type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational Quarterly	<input type="checkbox"/> Pre-referendum
<input checked="" type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
<input type="checkbox"/>		<input type="checkbox"/> Special	<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Carolina First</i>		a. Financial Institution Full Name	
b. Purpose <i>checking Account</i>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ <i>0</i>		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).

David E. Buffaloe Printed Name of Signer *David E. Buffaloe* Signature of Appointed Treasurer *9-17-07* Date

FOR OFFICE USE ONLY

REC'D DEC 06 2007

Date Received: _____	Employee: <i>DB</i>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	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.

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
Save our Community	Organizational	32-0066-159
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 55 -	\$ 55 -
6) Contributions from Individuals (CRO-1210)	\$ 500 -	\$ 500 -
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)	\$ 3,157.36	\$ 3,157.36
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 3,712.36	\$ 3,712.36
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2,273.60	\$ 2,273.60
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)	\$	\$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 2,273.60	\$ 2,273.60
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 1,438.76	\$ 1,438.76
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	\$	\$

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	
Save Our Community				32-0066-159	
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
AL Sidbury 130 Broadview Lane Hampstead N.C. 28443 910-270-3221			Owner / SELF employed		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Rentals - Septic Systems Installation		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash		8-14-07	\$ 100 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
David B Smith 329 Dogwood Lane Hampstead N.C. 28443 910-270-3739			Owner / SELF employed		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Building & Home repair - Contractor		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		8-14-07	\$ 100 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
Susan C. Kay 1232 Mallard Bay Rd Hampstead N.C. 28443 910-270-492			owner / SELF employed		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Midway Tire & Service		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		8-20-07	\$ 300 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500 ⁰⁰
5. Total of ALL CRO-1210 Pages					\$ 500 ⁰⁰
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Save Our Community				32-0066-159	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
CONCERNED PENDER LAND OWNERS 16881 Hwy 17 Suite 123 Hampstead N.C. 28443 910-270-3221					
			c. Outside Source Explanation	e. Election Sum to Date	
			Prior to Aug. 2. 07	\$ 3,157.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
0	combined		8-2-07	\$ 3,157.36	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 3,157.36	
6. Total of ALL CRO-1250 Pages				\$ 3,157.36	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</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) <u>Save Our Community</u>	2. ID Number <u>32-0066159</u>
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Concerned Pender Land Owners</u> <u>16881 US Hwy 17 Suite 123</u> <u>Hampstead N.C. 28443</u> <u>910-270-3221</u>		b. Coordinated Committee Name	d. Comments <u>Prin to</u> <u>8-2-07</u>		
		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 <u>\$ 2,223.60</u>		
f. Account Code	g. Form of Payment <u>combination</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy)	j. Amount <u>\$222360</u>	k. Required Remarks <u>Expenditures prior to</u> <u>Aug 2, 07</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		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 Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		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 \$ 2,223.60

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) \$ 2,273.60

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
Save Our Community						32-0066-159
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
N.C. Spot Festival Highway 17 Hampstead N.C. 28443 910-270-9642						
				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	
	Check # 1049	0	8-20-07	\$ 50.00	Booth Rental, Spot Festival 9/29+30-07	
				\$		
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)		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 (include city, state, & zip)				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						\$ 50.00
6. Total of ALL CRO-1310 Pages						\$ 2,273.60
(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)						