

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 Faye Teachey Prevatte	c. ID Number 2HLOH8
b. Mailing Address (include City, State and Zip Code) 9221 Penderlea Hwy Willard, NC 28478	d. Date Filed 02/14/08
	e. Phone Number 910-367-2728

2. Report Year 2008	3. Period Start Date 02/15/08	4. Period End Date 04/20/08	5. Filing Agent Name Faye Teachey Prevatte
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6. Type of Committee			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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
7. Type of Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		8. Number of Funds Using this Report 0	
9. Special Report Name			

10. Financial Institution Full Name First Citizens Bank		11. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code FTP	b. Purpose	c. Account Code
d. Period Begin Balance \$ 587.00		d. Period Begin Balance \$	

CERTIFICATION
 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 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.
Faye Teachey Prevatte Printed Name of Signer Faye Teachey Prevatte Signature of Appointed Treasurer 1/6/2009 Date

FOR OFFICE USE ONLY

Date Received: <u>1/6/09</u>	Employee: <u>OB</u>	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: _____	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.

Committee Full Name (CRO Form 1a, 10b, 10c)		Report	CRO Number	
Faye Teachey Prevatte		1 st Quarter	2HLOH8	
Start of Election Cycle:		January 1, 2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 587.00	\$ 0
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)			\$	\$
6) Contributions from Individuals (CRO-1210)			\$ 275.00	\$ 1275.00
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)			\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)			\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)			\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 275.00	\$ 1275.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures (CRO-1310)			\$ 83.27	\$ 496.27
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)			\$ 83.27	\$ 496.27
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 778.73	\$ 778.73
OTHER 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)			\$	\$
27) 48-Hour Notice Reports Sum (CRO-2200)			\$	\$
28) Contributions to be Refunded (CRO-1215)			\$	\$

Contributions from Individuals

Amendment Yes No

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 Form ID, if applicable)						ID Number
Faye Teachey Prevatte						2HLOH8
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Melva Teachey 405 Barbour Rd. Apr 183 Morehead City, NC 28557			Retired	Mother		
			c. Employer's Name/Specific Field			
e. Election Sum to Date						\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FTP	Check		02/14/08	\$ 25.00	
<input type="checkbox"/>	FTP	Check		02/18/08	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JoAnn Rivenbark 200 Sheppard Cruise Rd Newport, NC 28470			Retired	Sister		
			c. Employer's Name/Specific Field			
e. Election Sum to Date						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FTP	Check		02/18/08	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Linda Harrell 600 Colonial Ave Morehead City, NC 28557			Book Keeper	Sister		
			c. Employer's Name/Specific Field			
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"/>	FTP	Check		02/18/08	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
L Total only has Page						\$ 225.00
S Total ALL CRO 1205 Page						\$ 275.00

Contributions from Individuals

Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Faye Teachey Prevatte						2HLOH8
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Georgia T. Condon PO Box 1286 Morehead City, NC 28557			Admin Assistant		Sister	
			c. Employer's Name/Specific Field Carteret Medical Center			
						e. Election Sum to Date
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FTP	Check		02/21/08	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
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. Contributor Information						
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 on this page						\$ 50.00
5. Total on all pages						\$ 275.00

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Full Name (and Party)						ID Number
FAVE TEACHEY (PREVATTE)						2HLOH8
Type of Disbursement <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
Payer Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
TOTAL IMAGE ADVERTISING 745-A HWY 117 SOUTH BURGAW, NC 28425						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 83.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FTP	DEBIT	BANNER	4/11/2008	\$ 83.27		
				\$		
Payer 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	
				\$		
				\$		
Payer 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					\$ 83.27	
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)					\$ 83.27	
7. Purpose Codes (Use detailed explanation code in (d.) 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			