

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

Committee Name (Candidate Name if applicable)		Reporting Period	Reporting Period	
Faye Teachey Prevatte		2 nd Quarter	2HLOH8	
Start of Election Cycle:		January 1,	2008	
			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 778.73	\$ 0
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)			\$	\$
6) Contributions from Individuals (CRO-1210)			\$ 1000.00	\$ 2275.00
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)			\$ 1000.00	\$ 2275.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures (CRO-1310)			\$ 1221.01	\$ 1717.28
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)			\$	\$ 1717.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 557.72	\$ 557.72
LIABILITIES				
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)			\$	\$

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

5. 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

6. Report Year 2008	7. Year Started 04/21/08	8. Year Ended 06/30/08	9. Treasurer Name Faye Teachey Prevatte
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6. Type of Committee (Check One)			
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (Check One)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers File Report 0		10. Special Report Name	

11. Account Information	
a. Financial Institution Full Name First Citizens Bank	a. Financial Institution Full Name
b. Purpose Campaign Finance	b. Purpose
c. Account Code FTP	c. Account Code
d. Period Begin Balance \$ 778.73	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>DB</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.

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
FAYE Teachey Prevatte						214L048
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 PIERCE 1701 N LAKE PK. BLVD. CAROLINA BEACH, NC			SELF-EMPLOYED		SON	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DRIFTERS REEF MOTEL OWNER		\$ 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"/>	FTP	check		5-7-08	\$ 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"/>					\$	
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					\$ 1000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1210)</small>					\$ 1000.00	

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 Party)						2. ID Number
FAYE Teachey Prewatte						2HLOH8
3. 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Wal-mart Wallace, NC 28466					Canopy	
			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:		\$ 87.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FTP	Debit		4/27/08	\$ 87.54		
				\$		
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	
Political USA PO Box 603 Harris, NY 12742					Pencil marker boards halo/cha/streamer	
			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:		\$ 703.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FTP	Debit	Supplies	4/28/08	\$ 703.64		
				\$		
4. Payee 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 1175. BURGAW, NC					CARDS	
			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:		\$ 248.52	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FTP	Debit	CARDS	5/16/08	\$ 165.25		
				\$		
5. Total only this Page					\$ 956.43	
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)					\$ 1221.01	
7. Purpose Codes (List detailed expenditure code in (a.) 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

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 I.D. Number if applicable) FAYE TeACHEY PREVATTE						2. ID Number 2 HLOH8	
3. Type of Disbursement <i>(Check one category CRO-1100 form 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 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	
Political USA PO Box 603 HARRIS NY 12742				c. Level Registered (Specify)		FANS	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 929.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FTP	Debit		5/9/2008	\$ 225.63			
				\$			
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	
AC MOORE ARTS & CRAFTS Wilm, NC				c. Level Registered (Specify)		Tec SHIRTS	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 12.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FTP	DEBIT		5/16/08	\$ 12.26			
				\$			
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	
KERR DAUGS BURGAW, NC				c. Level Registered (Specify)		Helium	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 26.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FAP	DEBIT		5/19/08	\$ 26.69			
				\$			
5. Total only this Page						\$ 264.58	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 1221.01	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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				