

# Disclosure Report Cover

Amendment  
 Yes  No

Please note that this cover sheet 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 those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.

**1. Committee Information**

a. Full Name: Mike Decker for State House c. ID Number: 2218402

b. Mailing Address (include City, State and Zip Code):  
P.O. Box 141  
Walkertown, NC 27051

d. Date Filed: \_\_\_\_\_  
 e. Phone Number: 336-595-3008

2. Report Year: 2003 3. Period Start Date (mm/dd/yyyy): 7/1/2003 4. Period End Date (mm/dd/yyyy): 12/31/2003 5. Treasurer Full Name: Mike Decker

**6. Type of Committee (Check one)**

Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum

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

Soft Money Account  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other.

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

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pro-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pro-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>9. Special Report Name</b>
<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

**10. Account Information**

a. Financial Institution Full Name: Bank of America a. Financial Institution Full Name: \_\_\_\_\_

b. Purpose: For Campaign Expenses c. Code: 1111 b. Purpose: \_\_\_\_\_ c. Code: \_\_\_\_\_

d. Period Begin Balance: \$ 22,020.68 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.

Michael P. Decker Michael Decker 1-29-04  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Mike Decker for State House	Year End	2218402	
Start of Election Cycle: January 1, 2003	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 22,020.68	\$ 3,167.46	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1295)	\$ 0	\$ 0	
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 3,760.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1470)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources (CRO-1250)			
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	
12) "Goods and Services" Contributions (CRO-1260)	\$ 0	\$ 0	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 0	\$ 3,760.00	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 959.35	\$ 28,266.13	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
14c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 959.35	\$ 28,266.13	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 12,501.33	\$ 12,501.33	
<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	\$	\$	

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Mike Decker for State House		2218402	
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
Red Root Inns 1813 S. Saunders St. Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 1214.87
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)   j. Amount
1111	Ch	Housing	07/01/2003   \$ 38.41
			\$
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
Red Root Inns 1813 S. Saunders St. Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 1253.28
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)   j. Amount
1111	Ch	Housing	07/02/2003   \$ 38.41
			\$
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
Michael P. Decker Jr 120 Cornhillbrook Ct. Kennerlyville, NC 27284			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 10200
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)   j. Amount
1111	Ch	Legislative Aide	07/02/2003   \$ 4600
			\$
5. Total only this Page			\$ 4676.82
6. Total of ALL CRO-1310 Pages <small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>			\$

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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	
TENACO Inc. 4990 Reidsville Rd Walkertown 27051					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 31.01	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CK	GAS	07/07/2003	\$ 31.01	
				\$	
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	
Heart of Albemarle Hotel 300 S. First St. Albemarle, NC 28001					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 39.55	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CK	Housing	07/08/2003	\$ 39.55	
				\$	
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	
Bellevs Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27051					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 388.71	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CK	GAS	07/09/2003	\$ 40.00	
				\$	
5. Total only this Page				\$ 110.56	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US Airways 380 Knollwood St. Suite F. Winston-Salem, NC 27103					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 715.50
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	TRAVEL MSL	07/04/2003	\$ 715.50	
				\$	
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
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1368.51
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	Housing	07/14/2003	\$ 115.23	
				\$	
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
Belows Creek Gas House 5400 Reidsville Rd. Walleatown, NC 27051					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 422.71
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	Gas	07/15/2003	\$ 34.00	
				\$	
5. Total only this Page				\$ 864.73	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Mike Decker for State House						2218402	
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	
Hotels.com LP 10440 N. Central Expressway Suite 400 DALLAS, TX 75231							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 447.50	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch Cd	Housing-Tel		07/16/2003	\$ 447.50		
					\$		
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	
Red Roof Inns 1413 S. Saunders St. Raleigh, NC 27603							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1522.15	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Housing		07/22/2003	\$ 153.64		
					\$		
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	
Razon Gator, Inc. 9464 W. Ishine Blvd. Beverly Hills, CA 90212							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 113.50	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Tickets		07/23/2003	\$ 113.50		
					\$		
5. Total only this Page						\$ 714.64	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

Disbursements

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>				2. ID Number <b>2218402</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. Coordinated Committee Name		d. Comments
<b>Cafe De Brasil 1106 Market St. San Francisco, CA 94102</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>22.25</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>Political Convention - Lunch</b>	<b>07/23/2003</b>	\$ <b>22.25</b>	
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
<b>Enterprise Rental 1133 Van Ness Ave. San Francisco, CA 94102</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>249.18</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>Car Rental - Convention</b>	<b>07/25/2003</b>	\$ <b>249.18</b>	
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
<b>Holiday Inns - Auburn 2013 S. College St. Auburn, AL 36832</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>90.72</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>Housing</b>	<b>07/28/2003</b>	\$ <b>90.72</b>	
5. Total only this Page					\$ <b>362.15</b>
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$

Disbursements

1. Committer Full Name (and Fund if applicable) <b>Mike Decker for State House</b>				2. ID Number <b>2218402</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Shell Oil 1637 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 163.91
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	GAS	07/24/2003	\$ 23.70	
				\$	
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
GANTT Oil 3102 Old Hollow Rd Wallekton, NC 27051					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 17.93
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	GAS	07/28/2003	\$ 17.93	
				\$	
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
Renoir Hotel 45 McCallister St. San Francisco, CA 94102					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 14.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CH	Convention - Lunch	07/28/2003	\$ 14.25	
				\$	
5. Total only this Page				\$ 55.88	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					



Disbursements

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Mike Decker for State House			2218402	
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
Cingular Wireless P.O. Box 30523 Tampa, FL 33630				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 312.53
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	Ch	Mobile Phone	07/29/2003	\$ 106.95
				\$
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
Best Western Hotels Corp P.O. Box 10203 Phoenix, AZ 85064				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 157.65
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	Ch	Housing	07/29/2003	\$ 157.65
				\$
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
Belows Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27284				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 460.51
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	Ch	Gas	07/30/2003	\$ 37.80
				\$
5. Total only this Page				\$ 302.40
6. Total of ALL CRO-1310 Pages				\$
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)				
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				

Disbursements

1. Committee Full Name (and Fund if applicable) <b>Mike Decker For State House</b>				2. ID Number <b>2218402</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. Coordinated Committee Name		d. Comments
<b>Belows Creek Gas House</b> <b>5400 Reidsville Rd.</b> <b>Wallkenton, NC 27051</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 500.51
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CA	GAS	08/06/2003	\$ 40.00	
				\$	
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
<b>Belows Creek Gas House</b> <b>5400 Reidsville Rd</b> <b>Wallkenton, NC 27051</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 539.21
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CA	GAS	08/11/2003	\$ 38.70	
				\$	
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
<b>Murphy USA</b> <b>1091 Industrial Pwy</b> <b>Saranaland, AL 36571</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 41.90
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	CA	GAS	08/12/2003	\$ 41.90	
				\$	
5. Total only this Page				\$ 120.60	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

Pg 9 of 27

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>				2. ID Number <b>2218402</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Coordinated Committee Name		d. Comments
<b>7 Eloven          7050 Baymont Invin Rd          Fort Worth TX 76132</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>22.00</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>GAS</b>	<b>08/12/2003</b>	\$ <b>22.00</b>	
				\$	
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
<b>Motel 6          8701 West Fwy          Fort Worth, TX 76116</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>58.62</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>lodging - Convention</b>	<b>08/13/2003</b>	\$ <b>58.62</b>	
				\$	
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
<b>TEXACO, INC          Sibley Rd          Minden, LA 71055</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <b>46.00</b>
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
<b>1111</b>	<b>CH</b>	<b>GAS</b>	<b>08/13/2003</b>	\$ <b>46.00</b>	
				\$	
5. Total only this Page				\$ <b>126.62</b>	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Mike Decker for State House			2218402	
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
Ramada INN 116 Cottonland Dr Rayville, LA 71269				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 43.75
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	CA	Housing	08/13/2003	\$ 43.75
				\$
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
Days INN E. Hwy 18 Blytheville, AR 72315				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 45.56
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	CA	Housing	08/15/2003	\$ 45.56
				\$
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
Love's Country Store 116 Row Harrod Rd. Prescott, AR 71857				
		c. Level Registered (Specify)		e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 40.40
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
1111	CA	GAS	08/15/2003	\$ 40.40
				\$
5. Total only this Page				\$ 129.71
6. Total of ALL CRO-1310 Pages				\$
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)				
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				

Disbursements

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Mike Decker for State House						2218402	
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	
Break Time 2823 E. Malone Ave Sikeston, MO 63801							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 47.13	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Gas		08/18/2003	\$ 47.13		
					\$		
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	
Motel 6 1415 Tunnel Rd Asheville, NC 28805							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 44.39	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Lodging		08/21/2003	\$ 44.39		
					\$		
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	
Handy Panty 3360 Crabtree Rd Waynesville, NC 28785							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 42.25	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Gas		08/21/2003	\$ 42.25		
					\$		
5. Total only this Page						\$ 133.77	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
Chevron 5015 Hinkleville Rd Paducah, KY 42001					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 33.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	GAS	08/21/2003	\$ 33.25	
				\$	
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
Belows Creek Gas House 5400 Reidsville Rd Walkertown, NC 27051					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 580.41
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	GAS	08/25/2003	\$ 41.20	
				\$	
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
Target, Inc 5420 University Pkwy Winston-Salem, NC 27105					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 13.86
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Office Supplies	08/25/2003	\$ 13.86	
				\$	
5. Total only this Page				\$ 88.31	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>					2. ID Number <b>2218402</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<b>Quality Mart</b> <b>6444 Old Hwy 52</b> <b>Rural Hill, NC 27045</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ <b>42.90</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Gas</b>	<b>09/02/2003</b>	\$ <b>42.90</b>		
					\$	
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	
<b>Oak Ridge Community Center</b> <b>9400 Linville Rd</b> <b>Oak Ridge, NC 27310</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ <b>100.00</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Sponsorship Ad</b>	<b>09/09/2003</b>	\$ <b>100.00</b>		
					\$	
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	
<b>Raceway</b> <b>2708 S. Saunders St.</b> <b>Raleigh, NC 27603</b>			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ <b>39.45</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Gas</b>	<b>09/10/2003</b>	\$ <b>39.45</b>		
					\$	
5. Total only this Page					\$ <b>182.35</b>	
6. Total of ALL CRO-1310 Pages					\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

Disbursements

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
P:tot Travel Center 1050 Trullingwood Rd. Mechane, NC 27302					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 110.05
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	GAS	09/14/2003	\$ 39.45	
				\$	
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
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 1564.51
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	Housing	09/25/2003	\$ 42.36	
				\$	
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
Belows Creek Cross House 5400 Reidsville Rd. Walkertown, NC 27051					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 613.86
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	GAS	09/27/2003	\$ 33.45	
				\$	
5. Total only this Page				\$ 115.26	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					



Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
Red Roof Inns 1813 S. Saunders St Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1612.23
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Housing	10/01/2003	\$ 47.72	
				\$	
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
Skill Oil 1637 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 178.55
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Gas	10/01/2003	\$ 14.64	
				\$	
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
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1655.16
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Housing	10/03/2003	\$ 42.93	
				\$	
5. Total only this Page				\$ 105.29	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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 Commitees. <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
Wilco #211 850 Capital Blvd Raleigh, NC 27603					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 270.42
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	10/07/2003	\$ 26.00	
				\$	
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
Super 8 Motel 4281 US Hwy 221 S. Marion, NC 28752					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 117.70
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Lodging	10/10/2003	\$ 117.70	
				\$	
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
Shell Oil Hwy 221 S. Marion, NC 28752					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 38.02
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	10/10/2003	\$ 38.02	
				\$	
5. Total only this Page				\$ 181.72	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Mike Decker for State House		2218402	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 1694.13
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
1111	Ch	Lodging	10/16/2003
			\$ 38.97
			\$
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
Belovs Creek Cons House 5400 Rendsville Rd. Waltertown, NC 27051			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 651.87
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
1111	Ch	Food	10/16/2003
			\$ 38.01
			\$
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
Innkeeper 2541 S. Saunders St. Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 49.33
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)
1111	Ch	Lodging	10/23/2003
			\$ 49.33
			\$
5. Total only this Page			\$ 126.31
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			\$

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
Sento 2604 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 27.80
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	10/29/2003	\$ 27.80	
				\$	
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
Belows Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27051					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 679.47
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	10/27/2003	\$ 27.60	
				\$	
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
Quality Mart 2302 S. Sterling St. Morgantown, NC 28655					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 36.60
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	10/29/2003	\$ 36.60	
				\$	
5. Total only this Page				\$ 92.00	
6. Total of ALL CRO-1310 Pages				\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
Days Inn I-40 & Hwy 18 Morganton, NC 28655					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 36.16
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	Lodging	10/30/2003	\$ 36.16	
				\$	
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
Wilco #211 850 Capital Blvd Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 304.42
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	Fuel	11/04/2003	\$ 34.00	
				\$	
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
Super 8 Motel 4281 US Hwy 221 S MARTIN, NC 28752					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 159.50
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Chk	Lodging	11/06/2003	\$ 41.80	
				\$	
5. Total only this Page				\$ 111.96	
6. Total of ALL CRO-1310 Pages <small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>				\$	

Disbursements

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Mike Decker for State House					2218402	
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	
Belews Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27051						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 715.87	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1111	CR	Fuel	11/09/2003	\$ 36.40		
				\$		
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	
Market Food Mart 1218 Monroe St. Statesville, NC 28625						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 35.20	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1111	CR	Fuel	11/13/2003	\$ 35.20		
				\$		
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	
Wilco #211 850 Capital Blvd Raleigh, NC 27603						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 336.37	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
1111	CR	Fuel	11/17/2003	\$ 31.95		
				\$		
5. Total only this Page					\$ 103.55	
6. Total of ALL CRO-1310 Pages					\$	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						

Disbursements

Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Mike Decker for State House						2218402	
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	
Speedway 6416 Hwy 24 Townville, SC							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 32.10	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Fuel		11/19/2003	\$ 32.10		
					\$		
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	
Shell Oil Hwy 185 Font Deposit, AL 36032							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 34.10	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Fuel		11/22/2003	\$ 34.10		
					\$		
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	
Exxon Mobile 14130 Jones St. LAVONNA, GA 30553							
				c. Level Registered (Specify)		e. Election Cycle Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Fuel		11/22/2003	\$ 30.00		
					\$		
5. Total only this Page						\$ 96.20	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							

Disbursements

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Mike Decker for State House		2218402	
3. Type of Disbursement (Please use separate CRO-1370 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
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 1772.07
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1111	Ch	Zedging	11/25/2003 \$ 77.94
			\$
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
Shell Oil 1637 S. Saunders St Raleigh, NC 27603			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 212.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1111	Ch	Fuel	11/25/2003 \$ 33.45
			\$
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
US Postal Service Main St Wilmington, NC 27051			
		c. Level Registered (Specify)	e. Election Cycle Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 148.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
1111	Ch	Postage	12/01/2003 \$ 37.00
			\$
5. Total only this Page			\$ 198.39
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			\$



Disbursements

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>						2. ID Number <b>2218402</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>AMDCO 6712 Glenwood Ave Raleigh, NC</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 Cycle Sum to Date \$ <b>39.15</b>	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Incl</b>		<b>12/08/2003</b>	\$ <b>39.15</b>		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>E/Cerro Grande 2549 S. Saunders St. Raleigh, NC 27603</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 Cycle Sum to Date \$ <b>29.83</b>	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Meal</b>		<b>12/08/2003</b>	\$ <b>9.83</b>		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603</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 Cycle Sum to Date \$ <b>1862.45</b>	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>Ch</b>	<b>Lodging</b>		<b>12/10/2003</b>	\$ <b>90.38</b>		
					\$		
5. Total only this Page						\$ <b>139.36</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$	

Disbursements

Pr 24 of 27 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>					2. ID Number <b>2218402</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>Belows Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27051</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 Cycle Sum to Date <b>\$ 754.12</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>CR</b>	<b>Fuel</b>	<b>12/11/2003</b>	<b>\$ 38.25</b>		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SAM'S Club 2537 S. Spandens St. Raleigh, NC 27603</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 Cycle Sum to Date <b>\$ 244.79</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>CR</b>	<b>Office Supplies</b>	<b>12/19/2003</b>	<b>\$ 64.70</b>		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Belows Creek Gas House 5400 Reidsville Rd. Walkertown, NC 27051</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 Cycle Sum to Date <b>\$ 778.72</b>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
<b>1111</b>	<b>CR</b>	<b>Fuel</b>	<b>12/17/2003</b>	<b>\$ 24.00</b>		
				\$		
5. Total only this Page					<b>\$ 127.55</b>	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$	

Disbursements

Pg 25 of 27

Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Mike Decker for State House				2218402	
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
El Cerro Grande 2549 S. Saunders St. Raleigh, NC 27603					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 39.66
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Meal	12/17/2003	\$ 9.83	
				\$	
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
EX PRIZ IT 3102 Old Hollow Rd Wilmington, NC 27051					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 57.33
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	12/24/2003	\$ 57.33	
				\$	
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
TEXACO 4990 Reidsville Rd Wilmington, NC 27051					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Cycle Sum to Date		\$ 47.68
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	12/19/2003	\$ 16.67	
				\$	
5. Total only this Page				\$ 114.84	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

Amendment  Yes  No

1. Committee Full Name (and Fund if applicable) <b>Mike Decker for State House</b>				2. ID Number <b>2218402</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Red Roof Inns 1813 S. Saunders St. Raleigh, NC 27603			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1940.39
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Judging	12/19/2003	\$ 77.94	
				\$	
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
Almon then 708 E. Meeting St. Dunbarville, TN 37725			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 33.91
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Fuel	12/21/2003	\$ 33.91	
				\$	
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
Red Roof Inns 197 Holiday Dr Clarksville, TN 37040			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 51.53
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1111	Ch	Judging	12/28/2003	\$ 51.53	
				\$	
5. Total only this Page				\$ 163.38	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <b>Mike Decker For State House</b>						2. ID Number <b>2218402</b>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses						<input type="checkbox"/> Contributions to Candidates/Political Committees	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pilot Tower Ctr 8190 Pembroke Rd Oak Grove, KY 42262				c. Level Registered (Specify)		e. Election Cycle Sum to Date \$ 25.00	
				<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		i. Date (mm/dd/yyyy)	j. Amount		
1111	Ch	Fuel		12/28/2003	\$ 25.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<del>4. Payee Information</del>							
<del>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</del>				<del>b. Coordinated Committee Name</del>		<del>d. Comments</del>	
<del>c. Level Registered (Specify)</del>				<del>e. Election Cycle Sum to Date</del>		<del>\$</del>	
<del>f. Account Code</del>				<del>g. Form of Payment</del>		<del>h. Purpose</del>	
<del>i. Date (mm/dd/yyyy)</del>				<del>j. Amount</del>			
<del>\$</del>							
<del>\$</del>							
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
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<del>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</del>				<del>b. Coordinated Committee Name</del>		<del>d. Comments</del>	
<del>c. Level Registered (Specify)</del>				<del>e. Election Cycle Sum to Date</del>		<del>\$</del>	
<del>f. Account Code</del>				<del>g. Form of Payment</del>		<del>h. Purpose</del>	
<del>i. Date (mm/dd/yyyy)</del>				<del>j. Amount</del>			
<del>\$</del>				<del>\$</del>			
5. Total only this Page						\$ 25.00	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							