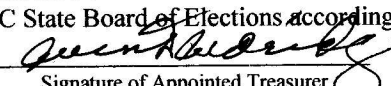


Disclosure Report Cover

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 Friends of Doug Harris		c. ID Number 8DR11Q	
b. Mailing Address (include City, State and Zip Code) PO Box 3006 Atlantic Beach, NC 28512		d. Date Filed 4/19/2008	
		e. Phone Number 252-240-1272	
2. Report Year 2008	3. Period Start Date (mm/dd/yy) 1/1/08	4. Period End Date (mm/dd/yy) 4/19/08	5. Treasurer Full Name Allen Dowdee Aldridge
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Candidate/Committee	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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 if 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 according to N.C.G.S. 163-278.7(f).			
Allen D Aldridge Printed Name of Signer		 Signature of Appointed Treasurer	
		4/19/08 Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date 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.			

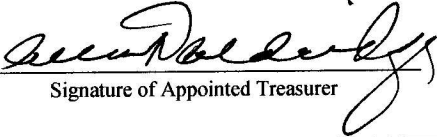
Statement of Organization - Candidate Committee

Amendment

Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
Friends of Doug Harris		8DR11Q	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 3006 Atlantic Beach, NC 28512		2/11/2008	
		e. Phone Number	
		252-240-1272	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Douglas Wade Harris			R
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
PO Box 3006 Atlantic Beach, NC 28512		County Commissioner	4
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Allen D Aldridge			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 246 Salter Path, NC 28575			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-240-1425	adasr@yahoo.com		
5. Assistant Treasurer Information		6. Account Information <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add		<input type="checkbox"/> Add	
<input type="checkbox"/> Remove		<input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
N/A		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Candidate/Committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	Checking
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.			
Allen D Aldridge			2/21/2008
Printed Name of Signer		Signature of Appointed Treasurer	Date