

Disclosure Report Cover

COPY

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 COMMITTEE TO ELECT GRIFFITH SHERIFF | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 7600 BEECH TREE COURT CLEMMONS, NC 27012-9142 | d. Date Filed 07/28/2009 |
| | e. Phone Number |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yyyy) 05/16/2009 | 4. Period End Date (mm/dd/yyyy) 06/30/2009 | 5. Treasurer Full Name SUNNIE-KARIN K HOBBS |
|-------------------------------|--|--|---|

| | | | |
|--|---|--|--|
| 6. Type of Committee (Check One) | | 9. Type of Report (Check only one type of report from one column) | |
| <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 |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <input type="checkbox"/> Year End | <input checked="" 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 |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | |
| <input type="checkbox"/> Booster Fund | | | |
| <input type="checkbox"/> Building Fund | | | |
| <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report 0 | | | |

| | | | |
|---|--|---|--------------------------------------|
| 12. Account Information | | 13. Account Information | |
| a. Financial Institution Full Name WACHOVIA | b. Purpose ACCOUNTS RECEIVABLE/PAYABLE | a. Financial Institution Full Name | b. Purpose |
| c. Account Code 001 | d. Period Begin Balance \$ 240.12 | c. Account Code | 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.

KARIN HOBBS Printed Name of Signer Karin Hobbs Signature of Appointed Treasurer 07/28/2009 Date

FOR OFFICE USE ONLY

Date Received: 7/29/09 Employee: Judy Sprias Delivery Method: ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed

Date Postmarked: _____ Employee: _____ ☐ 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.

Detailed Summary

Amendment

☐ Yes ☒ No

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

| | | | | | |
|---|--|------------------------------------|--|----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | 2009 Mid Year Semi-Annual | | | |
| Start of Election Cycle: January 1, 2009 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 200.00 | | \$ 0.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | | \$ 0.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1,365.85 | | \$ 1,605.97 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0.00 | | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | | \$ 0.00 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0.00 | | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0.00 | | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 1,365.85 | | \$ 1,605.97 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 109.45 | | \$ 109.45 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 9.95 | | \$ 9.95 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 165.85 | | \$ 165.85 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 165.85 | | \$ 205.97 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 451.10 | | \$ 491.22 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,114.75 | | \$ 1,114.75 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0.00 | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 0.00 | | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0.00 | | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0.00 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0.00 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0.00 | | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0.00 | | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0.00 | | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0.00 | | \$ 0.00 | |

Contributions from Individuals

Pg 1 of 3

Amendment
☐ Yes ☒ No

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

| | | | | | | | |
|--|-----------------|--------------------|---------------------------|--|-----------|--------------------------------------|--|
| 1. Committee Full Name (and kind if applicable) COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MARC FETTER 3945 YADKINVILLE ROAD WINSTON-SALEM, NC 27106-2040 | | | | b. Job Title/Profession RETIRED | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | Check | | 06/29/2009 | \$ 150.00 | | |
| <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) DAVID H GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019 | | | | b. Job Title/Profession RETIRED LAW ENFORCEMENT/FARM | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ 0.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | In-Kind | PRINTED BUSINESS CARDS | 06/15/2009 | \$ 165.85 | | |
| <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) LULA PAUL C HOBBS BERMUDA VILLAGE HEALTHCARE CENTER ADVANCE, NC 27006 | | | | b. Job Title/Profession RETIRED | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | Check | | 06/17/2009 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 815.85 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210) | | | | | | \$ 1,365.85 | |

Contributions from Individuals

Pg 2 of 3

Amendment
☐ Yes ☒ No

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

| | | | | | | | |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|--------------|----------|
| 1. Committee Full Name (and Fund, if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | | | |
| 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 | |
| PAIGE JOYNER 6230 JOYNER FARM ROAD WALNUT COVE, NC 27051 | | | | SCHOOL TEACHER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ | 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | Check | | 06/20/2009 | \$ | 200.00 | |
| <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 | |
| SHARON LLOYD 6914 RIDGE ROAD TOBACCOVILLE, NC 27050 | | | | SYSTEM COORDINATOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | STOKES COUNTY SHERIFF'S DEPT | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ | 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | Check | | 06/17/2009 | \$ | 200.00 | |
| <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 | |
| JAMES L MECUM JR 5526 OLD WALKERTOWN ROAD WALKERTOWN, NC 27051-9508 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ | 140.12 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 001 | Cash | | 06/17/2009 | \$ | 50.00 | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ | 450.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ | 1,365.85 |
| <i>(This line must be on line 6 of Detailed Summary Page (CRO-1210))</i> | | | | | | | |

Contributions from Individuals

Pg 3 of 3

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

| | | | | | |
|---|-----------------|-----------------------------------|------------------------|-------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | |
| 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 | |
| WILLIAM D STONE 4521 MYRTLE AVENUE WINSTON-SALEM, NC 27100-2125 | | RETIRE | | | |
| | | c. Employer's Name/Specific Field | | | |
| | | | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 001 | Check | | 06/29/2009 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 100.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210) | | | | | \$ 1,365.85 |

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ No

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

| | | | | | |
|--|--------------------|-----------------|--|-------------------------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | |
| 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 |
| WEBMASTERS.COM 4465 W. GANDY BLVD SUITE 801 TAMPA, FL 33611 (800) 995-9595 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 119.40 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 001 | Debit Card | O | 06/17/2009 | \$ 109.45 | WEBHOSTING FEE |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 109.45 |
| 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) | | | | | \$ 109.45 |
| 7. Purpose Codes (List detailed expenditure code in the above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G - Political Party | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | O* - Other | |
| * Codes require detailed explanation in required remarks field (10) | | | | | |

CRO-1310

NC State Board of Elections

July 2007

Aggregated Non-Media Expenditures

Page 1 of 1

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | |
|--|-----------------|--------------------|-----------------|--------------------------|--------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add | 001 | Debit Card | O | 06/10/2009 | \$ 9.95 | |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 9.95 | |
| 5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) | | | | | \$ 9.95 | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| 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 | | | | |

CRO-1315

NC State Board of Elections

December 2007

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| | | | | | |
|--|-----------------------------------|---------------------|--|-------------------------|----------------------------|
| 1. Committee Full Name (and Funds Applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| DAVID H GRIFFITH 4991 BOSTIC ACRES FARM ROAD GERMANTON, NC 27019 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 06/15/2009 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 165.85 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | | j. Election Sum to Date | |
| RETIRED LAW ENFORCEMENT/FARM | | P | | \$ 0.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| 001 | Check | PRINTING BUS CARDS | 06/29/2009 | \$ 165.85 | |
| 4. Total Only this Page | | | | \$ 165.85 | |
| 5. Total of ALL CRO-1320 Pages (This line must equal the sum of reported amounts Page CRO-1320) | | | | \$ 165.85 | |
| 6. Purpose Codes (List denied disbursement code in (n) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | | |
| P* - Reimbursement of In-Kind O* Other | | | | | |
| Codes require detailed explanation in required remarks field (m) | | | | | |

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|---|----------------------|--|-------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| COMMITTEE TO ELECT GRIFFITH SHERIFF | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Aggregated Individual Contribution— David H. Griffith | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date | |
| | | \$ 0.00 | |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
| PRINTED BUSINESS CARDS David H. Griffith | 06/15/2009 | \$ 165.85 | |
| | | \$ | |
| | | \$ | |
| 4. Total only this Page | | \$ 165.85 | |
| 5. Total of ALL CRO-1510 Pages (Add line must be on line 17 of Deadline Summary Page CRO-1510) | | \$ 165.85 | |

CRO-1510

NC State Board of Elections

December 2007