

# Disclosure Report Cover

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

Amendment  
 Yes  No

**I. Committee Information**

a. Full Name: Committee To Elect Bill Ashley County Commissioner c. ID Number: \_\_\_\_\_

b. Mailing Address (include City, State and Zip Code):  
113 Whitesell Dr.  
ELON N.C. 27244

d. Date Filed: 01-10-11

e. Phone Number: 336-585-1321

2. Report Year: 2010 3. Period Start Date (mm/dd/yy): 10-17-2010 4. Period End Date (mm/dd/yy): 12-31-2010 5. Treasurer Full Name: William H Ashley

6. Type of Committee (Check One):  
 Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum  Legal Expense Fund

7. Type of Fund (if applicable, check one):  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other: \_\_\_\_\_

8. Number of Fundraisers this Report: \_\_\_\_\_

9. 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"/> Pre-referendum     |
| <input type="checkbox"/> Pre-primary     | <input type="checkbox"/> First             | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Pre-election    | <input type="checkbox"/> Second            | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff      | <input type="checkbox"/> Third             | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Semi-annual     | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Mid Year        | <input type="checkbox"/> Semi-annual       |   |
| <input type="checkbox"/> Year End        | <input type="checkbox"/> Mid Year          |   |
| <input type="checkbox"/> Final           | <input type="checkbox"/> Year End          |   |
| <input type="checkbox"/> Special         | <input checked="" type="checkbox"/> Final  |   |
|  | <input type="checkbox"/> Special           |   |

10. Special Report Name: \_\_\_\_\_

**II. Account Information**

a. Financial Institution Full Name: WACHOVIA BANK

b. Purpose: \_\_\_\_\_ c. Account Code: 01

d. Period Begin Balance: \$ 1591.07

**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 undisclosed 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

William H Ashley Printed Name of Signer William H Ashley Signature of Appointed Treasurer 02-03-11 Date

**FOR OFFICE USE ONLY**

Date Received: 2-3-11 Employee: JG Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Signer has not received mandatory training

**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.

02-03-11P03:43 RCVD

# 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 Bill Lashley  |            | 4 <sup>th</sup> Qtr.        |          |                           |          |
| Start of Election Cycle: January 1, 2009                                     |            | Total this Reporting Period |          | Total this Election Cycle |          |
| 4) Cash on Hand at Start   |            | \$ 1,591.07                 |          | \$ 2,715.81               |          |
| <b>RECEIPTS</b>  |            |                             |          |                           |          |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          |          | \$                        | 720.00   |
| 6) Contributions from Individuals  | (CRO-1210) | \$                          |          | \$                        | 2,149.00 |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$                          |          | \$                        | 765.38   |
| 8) Contributions from Other Political Committees                             | (CRO-1230) | \$                          |          | \$                        |          |
| 9) Loan Proceeds   | (CRO-1410) | \$                          |          | \$                        |          |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240) | \$                          |          | \$                        |          |
| 11) Other Receipt Sources  |            |                             |          |                           |          |
| 11a) Interest on Bank Accounts   | (CRO-1250) | \$                          |          | \$                        |          |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250) | \$                          |          | \$                        |          |
| 11c) Outside Sources of Income   | (CRO-1250) | \$                          |          | \$                        |          |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270) | \$                          |          | \$                        |          |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)      |            | \$                          |          | \$                        | 3,634.38 |
| <b>EXPENDITURES</b>  |            |                             |          |                           |          |
| 13) Disbursements  |            |                             |          |                           |          |
| 13a) Operating Expenditures  | (CRO-1310) | \$                          | 4.00     | \$                        | 4,497.74 |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310) | \$                          | 1,587.07 | \$                        | 1,587.07 |
| 13c) Coordinated Party Expenditures  | (CRO-1310) | \$                          |          | \$                        |          |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315) | \$                          |          | \$                        |          |
| 15) Loan Repayments  | (CRO-1420) | \$                          |          | \$                        |          |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320) | \$                          |          | \$                        |          |
| 17) In-Kind Contributions  | (CRO-1510) | \$                          |          | \$                        | 265.38   |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$                          | 1,591.07 | \$                        | 6,350.19 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$                          | 0        | \$                        | 0        |
| <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   | (CRO-2220) | \$                          |          | \$                        |          |
| 28) Contributions to be Refunded   | (CRO-1215) | \$                          |          | \$                        |          |

# Disbursements

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

|   |  |  |                 |   |            |                                     |
|---|--|--|-----------------|---|------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  |  |                 |   |            | <b>2. ID Number</b>                 |
| Committee To Elect Bill Lashley County Commissioner   |  |  |                 |   |            |                                     |
| <b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)  |  |  |                 |   |            |                                     |
| <input type="checkbox"/> Operating Expenses   |  | <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees |                 | <input type="checkbox"/> Coordinated Party Expenditures   |            |                                     |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |  |  |                 |   |            |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |  |  |                 | b. Coordinated Committee Name   |            | d. Comments                         |
| Tim Sutton County Commissioner CM<br>2302 Rogers St.<br>Burlington N.C. 336-227-8356  |  |  |                 | Tim Sutton County Comm.   |            | Candidate                           |
|   |  |  |                 | c. Level Registered (Specify)   |            | e. Election Sum to Date             |
|   |  |  |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |            | \$300.00                            |
| f. Account Code   |  | g. Form of Payment   | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks                 |
| 1   |  | CK   | D               | 10-23-10  | \$300.00   |                                     |
|   |  |  |                 |   | \$         |                                     |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |  |  |                 |   |            |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |  |  |                 | b. Coordinated Committee Name   |            | d. Comments                         |
| ALAMANCE County Republican Party<br>608 N. Okelly Ave.<br>ELON N.C. 27244   |  |  |                 |   |            |                                     |
|   |  |  |                 | c. Level Registered (Specify)   |            | e. Election Sum to Date             |
|   |  |  |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |            | \$1,287.07                          |
| f. Account Code   |  | g. Form of Payment   | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks                 |
| 1   |  | CK   | G               | 12-14-10  | \$1,287.07 | Left over Funds                     |
|   |  |  |                 |   | \$         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |  |  |                 |   |            |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |  |  |                 | b. Coordinated Committee Name   |            | d. Comments                         |
|   |  |  |                 |   |            |                                     |
|   |  |  |                 | c. Level Registered (Specify)   |            | e. Election Sum to Date             |
|   |  |  |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |            | \$                                  |
| f. Account Code   |  | g. Form of Payment   | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks                 |
|   |  |  |                 |   | \$         |                                     |
|   |  |  |                 |   | \$         |                                     |
| <b>5. Total only this Page</b>  |  |  |                 |   |            | \$ 1,587.07                         |
| <b>6. Total of ALL CRO-1310 Pages</b><br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |  |  |                 |   |            | \$ 1,587.07                         |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |  |  |                 |   |            |                                     |
| A* - Media  |  | B* - Printing  |                 | C* - Fundraising  |            | D - To Another Candidate            |
| E - Salaries  |  | F* - Equipment   |                 | G - Political Party   |            | H* - Holding Public Office Expenses |
| I - Postage   |  | J - Penalties  |                 | K* - Office Expenses  |            | Q* - Donation to Legal Expense Fund |
| O* Other  |  |  |                 |   |            |                                     |
| * Codes require detailed explanation in required remarks field (k)  |  |  |                 |   |            |                                     |

# Disbursements

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

|   |                    |                 |   |                      |                         |                                     |
|---|--------------------|-----------------|---|----------------------|-------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                    |                 |   |                      |                         | <b>2. ID Number</b>                 |
| Committee To Elect Bill Lashley County Comm.  |                    |                 |   |                      |                         |                                     |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>  |                    |                 |   |                      |                         |                                     |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                    |                 |   |                      |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name   |                      | d. Comments             |                                     |
| WACHOVIA BANK<br>2852 South Church St.<br>Burlington N.C. 27215   |                    |                 |   |                      | Service Fees<br>BANKING |                                     |
|   |                    |                 | c. Level Registered (Specify)   |                      | e. Election Sum to Date |                                     |
|   |                    |                 | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | \$ 4.00                 |                                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount            | k. Required Remarks     |                                     |
| 1   | BANK DRAFT         | 0               | 12-09-10  | \$ 4.00              | Service Fees            |                                     |
|   |                    |                 |   | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name   |                      | d. Comments             |                                     |
|   |                    |                 |   |                      |                         |                                     |
|   |                    |                 | c. Level Registered (Specify)   |                      | e. Election Sum to Date |                                     |
|   |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                      | \$                      |                                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount            | k. Required Remarks     |                                     |
|   |                    |                 |   | \$                   |                         |                                     |
|   |                    |                 |   | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |   |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name   |                      | d. Comments             |                                     |
|   |                    |                 |   |                      |                         |                                     |
|   |                    |                 | c. Level Registered (Specify)   |                      | e. Election Sum to Date |                                     |
|   |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                      | \$                      |                                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount            | k. Required Remarks     |                                     |
|   |                    |                 |   | \$                   |                         |                                     |
|   |                    |                 |   | \$                   |                         |                                     |
| <b>5. Total only this Page</b>  |                    |                 |   |                      |                         | \$ 4.00                             |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                    |                 |   |                      |                         | \$ 4.00                             |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |                 |   |                      |                         |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                    |                 |   |                      |                         |                                     |
| A* - Media  |                    | B* - Printing   |   | C* - Fundraising     |                         | D - To Another Candidate            |
| E - Salaries  |                    | F* - Equipment  |   | G - Political Party  |                         | H* - Holding Public Office Expenses |
| I - Postage   |                    | J - Penalties   |   | K* - Office Expenses |                         | Q* - Donation to Legal Expense Fund |
| O* Other  |                    |                 |   |                      |                         |                                     |
| * Codes require detailed explanation in required remarks field (k)  |                    |                 |   |                      |                         |                                     |

# Disclosure Report Cover

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

Amendment  
 Yes  No

## 1. Committee Information

|   |  |  |
|---|--|--|
| a. Full Name<br><u>Committee To Elect Bill Lashley County Commissioner</u>                            |  | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br><u>113 Whitesell Dr.<br/>ELON N.C, 27244</u> |  | d. Date Filed<br><u>01-10-11</u>       |
|   |  | e. Phone Number<br><u>336-585-1321</u> |

|                               |  |  |  |
|-------------------------------|--|--|--|
| 2. Report Year<br><u>2010</u> | 3. Period Start Date (mm/dd/yy)<br><u>10-16-2010</u> | 4. Period End Date (mm/dd/yy)<br><u>12-31-2010</u> | 5. Treasurer Full Name<br><u>William H Lashley</u> |
|-------------------------------|--|--|--|

|   |   |   |  |   |
|---|---|---|--|---|
| 6. Type of Committee (Check One)                                    |   | 9. Type of Report (check only one type of report from one category) |  |   |
| <input type="checkbox"/> Candidate Campaign                         | <input type="checkbox"/> Party              | <input type="checkbox"/> Municipal                                  | <input type="checkbox"/> State/County      | <input type="checkbox"/> Referendum         |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                             | <input type="checkbox"/> Organizational    | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day                            | <input type="checkbox"/> Quarterly         | <input type="checkbox"/> Pre-referendum     |
| 7. Type of Fund (if applicable, check one)                          |   | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First             | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |   | <input type="checkbox"/> Pre-election                               | <input type="checkbox"/> Second            | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                              |   | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third             | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> NC Political Party Financing Fund          |   | <input type="checkbox"/> Semi-annual                                | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Mid Year                                   | <input type="checkbox"/> Semi-annual       |   |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Year End                                   | <input type="checkbox"/> Mid Year          |   |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End          |   |
| 8. Number of Fundraisers this Report                                |   | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final             |   |
|   |   |   | <input type="checkbox"/> Special           |   |
|   |   | 10. Special Report Name   |  |   |

|  |   |
|--|---|
| 11. Account Information                                    |   |
| a. Financial Institution Full Name<br><u>WACHOVIA BANK</u> |   |
| b. Purpose   | c. Account Code<br><u>01</u>                |
|  | d. Period Begin Balance<br><u>\$1591.07</u> |

**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 undisclosed 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

William H Lashley William H Lashley 01-10-11  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

|                               |                     |   |
|-------------------------------|---------------------|---|
| Date Received: <u>1-10-11</u> | Employee: <u>JG</u> | Delivery Method   |
| Date Postmarked: _____        | Employee: _____     | <input type="checkbox"/> Normal Mail                                |
| Date Scanned: _____           | Employee: _____     | <input type="checkbox"/> Registered Mail                            |
| Date Data Entered: _____      | Employee: _____     | <input checked="" type="checkbox"/> Hand Delivered                  |
|                               |                     | <input type="checkbox"/> Electronically Filed                       |
|                               |                     | <input type="checkbox"/> Signer has not received mandatory training |

**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.

01-10-11P03:05 RCVD

# 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 Bill Lashley  |            | 4 <sup>th</sup> Quarter     |                           |
| Start of Election Cycle: January 1, <u>2009</u>                              |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |            | \$ 1,591.07                 | \$ 2,715.81               |
| <b>RECEIPTS</b>  |            |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          | \$ 720.00                 |
| 6) Contributions from Individuals  | (CRO-1210) | \$                          | \$ 2,149.00               |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$                          | \$ 765.38                 |
| 8) Contributions from Other Political Committees                             | (CRO-1230) | \$                          | \$                        |
| 9) Loan Proceeds   | (CRO-1410) | \$                          | \$                        |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240) | \$                          | \$                        |
| 11) Other Receipt Sources  |            |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250) | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250) | \$                          | \$                        |
| 11c) Outside Sources of Income   | (CRO-1250) | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270) | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)      |            | \$                          | \$ 3,634.38               |
| <b>EXPENDITURES</b>  |            |                             |                           |
| 13) Disbursements  |            |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310) | \$ 4.00                     | \$ 4.00                   |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310) | \$ 1,587.07                 | \$ 1,587.07               |
| 13c) Coordinated Party Expenditures  | (CRO-1310) | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315) | \$                          | \$                        |
| 15) Loan Repayments  | (CRO-1420) | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320) | \$                          | \$                        |
| 17) In-Kind Contributions  | (CRO-1510) | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$ 1,591.07                 | \$ 1,591.07               |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 0                        | \$ 0                      |
| <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   | (CRO-2220) | \$                          | \$                        |
| 28) Contributions to be Refunded   | (CRO-1215) | \$                          | \$                        |

# Disbursements

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

|  |                    |                 |                      |   |                     |                                     |  |
|--|--------------------|-----------------|----------------------|---|---------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)  |                    |                 |                      |   |                     | 2. ID Number                        |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                    |                 |                      |   |                     |                                     |  |
| <input type="checkbox"/> Operating Expenses <input checked="" 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<br><i>(include city, state, &amp; zip)</i>   |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
| Tim Sutton County Commissioner Committee<br>2302 Rogers St.<br>Burlington NC 336-227-8356  |                    |                 |                      | Tim Sutton County Comm.   |                     | Candidate                           |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 300.00                           |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
| 1  | CK                 | D               | 10-23-10             | \$ 300.00   |                     |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |   |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>   |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
| WACHOVIA BANK<br>2832 South Church St.<br>BURLINGTON N.C. 27215  |                    |                 |                      |   |                     | Service Fees<br>Banking             |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 4.00                             |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
| 1  | BANK DRAFT         | O               | 12-09-10             | \$ 4.00   | Service Fees        |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |   |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>   |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
| ALAMANCE County Republican Party<br>608 N. Okelly Ave.<br>ELON N.C. 27244  |                    |                 |                      |   |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 1,287.07                         |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
| 1  | CK                 | G               | 12-14-10             | \$ 1,287.07   | Left over Funds     |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 5. Total only this Page  |                    |                 |                      |   |                     | \$ 1,591.07                         |  |
| 6. Total of ALL CRO-1310 Pages   |                    |                 |                      |   |                     | \$ 1,591.07                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                    |                 |                      |   |                     |                                     |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                    |                 |                      |   |                     |                                     |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                    |                 |                      |   |                     |                                     |  |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>   |                    |                 |                      |   |                     |                                     |  |
| A* - Media   |                    | B* - Printing   |                      | C* - Fundraising  |                     | D - To Another Candidate            |  |
| E - Salaries   |                    | F* - Equipment  |                      | G - Political Party   |                     | H* - Holding Public Office Expenses |  |
| I - Postage  |                    | J - Penalties   |                      | K* - Office Expenses  |                     | O* - Other                          |  |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |                      |   |                     |                                     |  |