# Disclosure Report Cover

10-27-10P03:00 RCVD

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 Infor	rmation				
a. Full Name				Accessed to the second	c. ID Number
Citizens For Barber	r				ID4X20
The state of the s	clude City, State and Zip Code)				d. Date Filed
1486 N NC 87 Elon, NC 27244					10/21/2010
Silitary and the Particular of the San					e. Phone Number
					336-260-6690
2. Report Year	3. Period Start Date (mm/d	dd/yy)  4. Period   (mm/dd/yy)	End Date	5. Treasurer Full	Name
2010	07/01/2010		16/2010	Angela B. Qualls	
6. Type of Commit		9. Type of Report	The second secon	aly one type of report	
Candidate Camp		Municipal	State/C		Referendum
PAC	Referendum	Organizational	1   -	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	y /	Quarterly	Pre-referendum
Legal Expense F	und				
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
w4 3g		Mid Year	r	Semi-annual	
Other:		Year End	i 🗌	Mid Year	10. Special Report Name
		Final		Year End	•
8. Number of Fund	raisers this Report	Special		Final	
				Special	
11. Account Inform	nation		11. Account 1		
a. Financial Institution l				titution Full Name	
Capital Bank			LIF-16,500,95-00,95, in 2007 in table a screen out the present	N. S. Constitution of the	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	1		•	AND DESCRIPTION OF THE PARTY OF	See of the state o
Funds	1				
control	d. Period Begin Balance	è			d. Period Begin Balance
	\$ 108.98				S
					3
the NC General Statu	nmittee or Fund is in complic utes and that no funds are co I correct and that I have been	ommingled with prohing trained by the NC 8	ibited or other istate Board of	non-disclosed funds. Elections.	& 22D-22M of Chapter 163 of I further certify that this report
Aligeia D.	Printed Name of Signer		ignature of Appoint		10/25/2010
FOR OFFICE USE O		J.	ignature of Appoint	len Treasurer	Date
Date Received:	10-27-10	Employee:		<del>H</del>	Delivery Method Normal Mail
Date Postmarked	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Please Note: Thi	is form cannot be used to am custodia You must amend the Staten	an of books informati	ion, or account	information.	ess, treasurer, assistant treasurer,
	I ou must amend the States	hent of Organization	(CRO-2100A-	E) to make committe	e changes.

CRO-1000

NC State Board of Elections

					Amen	ament	
Contributions from Individuals	Pg	1	of	3_	$\boxtimes$	Yes	N
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	m CRO	1205 is no	ot used		

1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nun	aber	
	for Barber								ID4X20	
	ibutor Informatio			Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job Ti	itle/Pro	fession		d. Comment	is	
	city, state, & zip)	<u> </u>								
David Ba				Registe						
	NC Hwy 87						ecific Field			
	27244-9712			Alamai	nce Co	ounty				
Ph: 336-5	584-8119							e. Election S	um to Date	
								\$	8,442.83	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					07/12/20	010	\$	1,000.00
	1	Check					08/02/2	2010	\$	2,000.00
	1	Check	<u> </u>				08/09/2	2010	\$	4,000.00
	ibutor Informatio			Add		Rem	10Ve			<u></u>
	me, Mailing Address &	& Phone		b. Job Ti	tle/Prof	fession		d. Comments	5	
	city, state, & zip)			<u> </u>					_	
H.K. Qua				Owner/			<del></del>			
PO Box 2						ecific Field	-			
	on NC 27216		Induction	on Ke	pair Inc	c.				
Ph: 336-2	122-9830		1				J	e. Election Su	ım to Date	
			I				J	\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Cind Descrip	ption	<u> </u>	j. Date (mm/dd/yyy	yy)	k. Amount	
	1	Check					07/12/20	)10	\$	250.00
	-		<u> </u>		<u>_</u>				\$	
						<u></u>			\$	
	ibutor Informatio			Add		Rem	iove			
	ne, Mailing Address &	k Phone	ļ	b. Job Tit				d. Comments	;	
	city, state, & zip)			Retired	Engir	ieer				_
	F. Corbett			<u> </u>		<del></del>		1		
PO Box 9		-		c. Employ	yer's Na	ıme/Spe	cific Field	1		
Ph: 336-2	on NC 27216-0946			АТ&Т						
rii. 330-2	.2 <b>0-077</b> 1							e. Election Su	ım to Date	
	10.1	T						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	j. In-K	and Descrip	otion		j. Date (mm/dd/yyy	/ <b>y</b> )	k. Amount	
	1	Check	<del> </del>	<u>_</u>			08/16/20	)10	\$	500.00
$\dashv$			-						\$	
1 77 4 7								<u> </u>	\$	
	only this Page							\$		7,750.00
	of ALL CRO-	•						\$		8,650.00
(This line	must be on line 6 of D	Detailed Summary Page CR	<i>(0-1100)</i>							1

		m Individuals ividual contributions	0110m & 51	O on gonésilouéi	Pg		3	Amendmen Yes	t No
		(and Fund if applica		o or contributions t	inder	SOUTH TORM CR	2. ID Nun		-
	for Barber	(					2. 10 1441	ID4X20	
3. Contr	ibutor Informati	on		Add []	Remo	ve	<u> </u>		
	me, Mailing Address	& Phone	<del>-</del>	b. Job Title/Profess	ion		d. Comment	s	
	city, state, & zip)			┨					
Roger E.	Owens ble Mill Rd.			Retired Busines		<del></del> .	<u> </u>		
	mp NC 27349			c. Employer's Name	e/Speci	ne Field			
ſ	376-9288						e. Election S	um to Date	
							\$	100.00	<del></del> -
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j	j, Date (mm/dd/yy	yy)	k. Amount	
	1	Check				08/19/20	010	\$	100.00
						<u>_</u>		\$	<del>-</del>
								\$	
	ibutor Informatio			Add 🔲 I	Remov	ve	,		
	ne, Mailing Address &	& Phone		b. Job Title/Professi	ion	<u> </u>	d. Comments	<u> </u>	
John M.	city, state, & zip)			Owner/Real Esta	nto				
1619 Pin				c. Employer's Name		ic Field			
Saxapaha	ıw NC 27340			Jordan Propertie					
Ph: 336-3	376-3132			-			e. Election Si	um to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j	. Date (mm/dd/yy	yy)	k. Amount	
	1	Check				08/23/20	)10 	\$	200.00
			ļ					S	
				****				\$	
	butor Informatio			<del>,</del>	Remov	/e			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Professi	or		d. Comments		
	Fincannon			President/Insura	nga				
102 E. Ja				e. Employer's Name		ic Field			
	NC 27302			Alamance Farme					
Ph: 919-5	63-0825					Ì	e. Election St	ım to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. ln-K	ind Description	j.	Date (mm/dd/yy	/y)	k. Amount	
	1	Check				10/05/20	10	\$	150.00
								\$	

CRO-1210 NC State Board of Elections April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

450.00

8,650.00

\$

		m Individuals				Pg	_3. of		Amendmen Yes	t No
		ividual contributions		0 or contri	butions	unde	r \$50 if form CR		<del></del>	
		(and Fund if applica	ible)					2. ID Nu	mber	
Citizens	for Barber								ID4X20	
3. Contr	ibutor Informati	on		Add		Ren	nove	_1		
1	me, Mailing Address	& Phone		b. Job Ti	tle/Profes	ssion	·	d. Comme	nts	
(include David Ba	city, state, & zip)			J	CD					
	NC Hwy 87				er of De		ecific Field	_		
ř .	27244-9712			<u> </u>	nce Cou		teme 1 teta	1		
Ph: 336-	584-8119					.,		e. Election	Sum to Date	
								\$	8,742.83	_
f. Prior	g. Account Code	h. Form of Payment	i. ln-l	Kind Descri	ption		j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check					10/04/2	010	\$	300.00
									\$	
		<u> </u>							\$	
	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address (	& Phone		b. Job Ti	tle/Profes	sion		d. Comme	nts	
Keith W	city, state, & zip)		<u> </u>	Attorne	y/Priva	te Pro	actice			
422 Oakl					<u>*</u>		cific Field	-		
_	on NC 27215-4761			Keith V	Vhited,	Attor	ney at Law	Ĺ		
Ph: 336-:	584-0525							e. Election	Sum to Date	····
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	otion		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					10/05/2	010	\$	150.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Tit	le/Profes	sion		d. Commer	ıts	
(meruue	city, state, & zip)		_	1						
				c. Employ	er's Nam	ie/Spe	cific Field	-		
								e. Election	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	-

CRO-1210 NC State Board of Elections April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

450.00

8,650.00

\$

## **Contributions from Political Party Committees**

Use this form to report contributions from a political party

	l Name (and Fund if	applicable)						2. ID	Number			
Citizens for Barbe	er								ID4X20			
3. Contributor In		[		Add		Rer	nove					
a. Full Name, Mailing					•			b. Com	ments			
(include city, state, o												
Chair: Robert Sim	Republican Party											
413 Smith Street	ipson							c. Elect	ion Sum to Da	te		
Burlington NC 27 Ph: 336-2270043	217							\$	765.38	·		
d. Account Code	e. Form of Payment	f. In-Kind De	escriptio	on			g. Date (mm/dd/yyy	v)	h. Amount			
1	Check						08/24/2		\$ 500	.00		
1	In-Kind	Ad-Newsp Voter's Gu					09/17/2	010	\$ 265	.38		
		Voter's Gr	nae	<del>-</del>					\$			
2 Contain to I	Farma Alian	<u> </u>		A 1.1						<u> </u>		
a. Full Name, Mailing		L	<u> </u>	Add	<u> </u>	Ker	nove	b. Com	mante			
(include city, state, &								b. Com	urents			
•												
								c. Elect	ion Sum to Da	te		
	<del>,</del>							\$				
d. Account Code	e. Form of Payment	f. In-Kind De	escriptio	n			g. Date (mm/dd/yyyy	y)	h. Amount			
·-									\$			
									\$			
									\$			
3. Contributor In	formation	]		Add		Ren	nove		·			
a. Full Name, Mailing								b. Com	ments			
(include city, state, &	k zip)											
								l				
								c. Elect	ion Sum to Da	te		
								\$				
d. Account Code	e. Form of Payment	f, In-Kind De	scriptio	n			g. Date (mm/dd/yyyy	·)	h. Amount			
						ï			\$			
									\$	- "		
			•						\$			
4. Total only th	nis Page	- <del> </del>						\$	765.38			
5. Total of ALI	CRO-1220 Page	es						· ·	765.20			
(This line must be on	(This line must be on line 7 of Detailed Summary Page CRO-1100)									\$ 765.38		

					Amendment
Disbursements	Pg	1	of	2	Yes

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

1. Committee F	'ull Name (and Fun	d if applicable)					2. ID Number		
Citizens for Bar	rber				<u> </u>		ID4X20		
3. Type of Disb	ursement (Plea	ise use separate C	RC	0-1310 forms for each	type of Disburs	ement.)			
Operating E				fates/Political Committees			ted Party Expenditures		
4. Payee Inform				Add \	Remove	Coordinat	tour any conferences		
<u> </u>		<u>L</u>	_	. Coordinated Committee !		1.0	Comments		
	ing Address & Phone		D	. Coordinated Committee I	Name	a. c	omments		
(include city, state,			-						
Van's Advertisi	ng Items, Signs								
& Printing			c.	. Level Registered (Specify)	) <u> </u>				
3264 Van Dr.			[	Federal 🖂	County:				
Burlington NC	27215			State	Municipality:	e. E	lection Sum to Date		
Ph: 336-226-74	00								
						\$	1,371.55		
f. Account Code	g. Form of Payment	h. Purpose Code	т.	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
					<b>J</b> . 1 2 1	_ + _	nt Campaign		
1	Check	B*		07/12/2010	\$980.53	sign	· -		
			—			Sigi	118,		
					\$				
·	<u></u>				<u> </u>				
4. Payee Inform	ation		A	\dd	Remove				
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Committee I	Name	d. C	Comments		
(include city, state,	& zip)								
The Alamance 1	News		]						
114 West Elm S	Street		c.	Level Registered (Specify)	1				
Graham NC 272	Graham NC 27253 Federal County:								
Ph: 336-228-78			╽┝	State	Municipality:	a Fi	lection Sum to Date		
111. 550-220-70	<i>J</i> 1		┝		wiemerpanty.	C. Li	Cetton Sum to Date		
						\$	1863.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
1	Check	A*		08/02/2010	\$1863.00	Nev	wspaper ads.		
					\$				
4. Payee Inform	ation		Α	\dd	Remove		<del></del>		
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee N	Vame	d. C	omments		
(include city, state,	-				<del>-</del>				
Times-News			1						
PO Box 481				Level Registered (Specify)					
Burlington NC	27215		-	Federal	County:				
336-226-4414	27213		<u> </u>		<del>-</del>				
330-220-4414			닏	State	Municipality:	e. El	lection Sum to Date		
						\$	4500.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
1	Check	A*		08/09/2010	\$4000.00	Nev	wspaper ads.		
1	Check	A*		09/01/2010	\$500.00	Nev	wspaper ads.		
E Total and Ale	in Dogo			<u> </u>		\$	7 242 52		
	6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								
<del>-</del>	-		-			\$	8,988.93		
=	=		-	Contrib to Candidates/Politic	•		-,		
			_	Coordinated Party Expenditi	ures)				
	es (List detailed ex								
A* - Media	B* - Printing	C* - Fund			<b>D</b> - To An	other Can	ndidate		
E - Salaries	F* - Equipment						ic Office Expenses		
I - Postage									
O* - Other									
<ul><li>* Codes require</li></ul>	e detailed explanati	on in required re	èms	arks field (k)					

No

10-21-10A10:20 KCVD

Amendment Disclosure Report Cover  $\boxtimes$ No Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use the	his form	to update	information
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	to update information					
1. Committee Infor	mation					
a. Full Name Citizens For Barber						c. ID Number
						ID4X20
	ude City, State and Zip Code)					d. Date Filed
1486 N NC 87 Elon, NC 27244						10/21/2010
						e. Phone Number
						226 260 6600
						336-260-6690
2. Report Year	3. Period Start Date (mm/c		. Period End D mm/dd/yy)	ate	5. Treasurer Full	Name
2010	0 <b>%</b> (2010		10/16/201	0	Angela B. Qualls	
6. Type of Committee	ee (Check One)	9. Type o	of Report	(check on	ly one type of report	from one category)
Candidate Campa	ign Party	Municipal		State/C		Referendum
PAC	Referendum	Or	ganizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	☐ Th	irty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	l Pré	e-primary		First	Final
"Booster Fund"	(9 -FF	_	e-election		Second	Supplemental Final
Building Fund			e-runoff		Third	Annual
		Sei	mi-annual		Fourth	Special
_			Mid Year		Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
		Fin			Year End	
8. Number of Fundr	aisers this Report	∐ Spe	ecial	I	Final	
					Special	
11. Account Informa			11. A	Account I	Information	
a. Financial Institution F	ull Name		a. Fin	ancial Inst	itution Full Name	
Capital Bank	TO THE PROPERTY OF STREET OF STREET					
b. Purpose	c. Account Code		b. Pui	rpose		c. Account Code
Campaign Funds	1					
control	d. Period Begin Balance	•				d. Period Begin Balance
	\$ 108.98					\$
CERTIFICATION						
the NC General Status is complete, true and Angela B. Q	tes and that no funds are co correct and that I have been ualls Printed Name of Signer	mmingled v	with prohibited the NC State B	or other r	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report  10/21/2010  Date
FOR OFFICE USE OF						
Date Received:	10-21-10	Em	nployee:		<u> 1</u>	Delivery Method Normal Mail
Date Postmarked		Em	nployee:			Registered Mail Hand Delivered
Date Scanned:		Em	nployee:			Electronically Filed Signer has not received
Date Data Entere	d:	Em	nployee:			mandatory training
Please Note: This	form cannot be used to amcustodia	end commi an of books	ttee information information, or	such as	the committee addres	ss, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## **Detailed Summary**

	tailed Summary					Yes	$\boxtimes$	No
1. C	this form to summarize all disclosure reporting forms a ommittee Full Name (and Fund if applicable)	2. Type of Report		mation.	3. ID Nu	mber		
	zens for Barber	Third Quarter Plus			ID4X20	<u>III DEI</u>		
Sta	rt of Election Cycle: January 1,	2007		Total this Reporting Period		Total		
4)	Cash on Hand at Start	<u> </u>	\$	108.98	\$	-0-	Cycle	
	CITOES A ASSESSMENT OF THE SECOND					No.		<b>7.</b> (4.
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	125.00	\$	125.0	00	
6)	Contributions from Individuals	(CRO-1210)	\$	8650.00	\$	10,09	92.83	
7)	Contributions from Political Party Committees	(CRO-1220)	\$	765.38	\$	765.3	38	
8)	Contributions from Other Political Committees	(CRO-1230)	\$		\$			
9)	Loan Proceeds	(CRO-1410)	\$		\$			
10) 11)	Refunds/Reimbursements To the Committee Other Receipt Sources	(CRO-1240)	\$		\$			
	11a) Interest on Bank Accounts	(CRO-1250)	\$		\$			
1	1b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$		\$			
]	11c) Outside Sources of Income	(CRO-1250)	\$		\$			
1	1d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$			
1	1 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$		<u> </u>	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c. 11d and 11e)	\$	9,540.38	\$	10,98	33.21	
i BþX	Pulitarium et es se							
13)	Disbursements	,	<u> </u>					
1	3a) Operating Expenditures	(CRO-1310)	\$	8988.93	\$	9,379	9.95	
1	3b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$	379.24	\$	379.2	24	
1	3c) 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)	\$	15.81	\$	15.81		
17)	In-Kind Contributions	(CRO-1510)	\$	265.38	\$	1,208	3.21	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	9649.36	\$	10,98	3.21	
19)	Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	-0-	\$	-0-		
	DINH (VINSALDER REPRESENTANTH (OIN CONTRACTOR CONTRACTO							
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		i			
21)	Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$					
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$					
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$					
24)	Account Transfers Within the Committee	(CRO-1720)	\$		:			
25)	Administrative Support	(CRO-1710)	\$		\$			
26)	Forgiven Loans	(CRO-1440)	\$		\$			
27)	48-Hour Notice Reports Sum	(CRO-2200)	\$		\$			
28)	Contributions to be Refunded	(CRO-1215)	\$	15.81	\$	_	-	

Amendment

## **Aggregated Contributions from Individuals**

Page

1 of

Yes

Amendment

No No

Optional form used to report NC Contributions From Individuals of \$50 or less

1	. Com	mittee Full Na	me (and Fun	d if applicable)			2. ID	Number
	Citizen.	ID4X20						
3.	. Cont	ributor Inforn	nation					
	Amend	l	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	·)	f. Amount
_ 	<u>]</u> ]	Add Remove	]   1	Check		08/19/20		\$ 25.00
F	<u></u>	Add Remove	1	Cash		10/06/20	10	\$ 50.00
ļ		Add	1	Check		10/12/20	10	\$ 50.00
L	<u>]</u> ]	Remove Add			_			
Ē	<u> </u>	Remove						\$
	J	Add						Ф.
	J	Remove	1					\$
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	]	Remove						3
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Ī	<u> </u>	Remove						\$
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누	<u> </u>	Add						\$
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占	1	Remove						\$
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<u>_</u> 4.	Tota	Remove l only this P	age	<u> </u>		-	<u> </u>	125.00
5. Total of ALL CRO-1205 Pages								
5. Total of ALL CRO-1205 Pages  (This line must be on line 5 of Detailed Summary Page CRO-1100)								125.00

# Contributions from Individuals Pg 1 of 3 Ves 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

1. Comm	ittee Full Name (	(and Fund if applica	ble)					2. ID Number			
Citizens f	Citizens for Barber								ID4X20		
3. Contri	ibutor Informatio			Add		Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profe	ssion	<del>_</del>	d. Comments	3		
(include o	city, state, & zip)										
David Ba				Registe							
	IC Hwy 87						cific Field				
	27244-9712			Alamai	nce Cou	inty					
Ph: 336-5	584-8119							e. Election S	um to Date	-	
								\$	8,442.83		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					07/12/20	010	\$	1,000.00	
	1	Check					08/02/2	010	\$	2,000.00	
	1	Check	<u></u>				08/09/2	010	\$	4,000.00	
3. Contributor Information											
	ne, Mailing Address &	k Phone		b. Job Ti	tle/Profe	ssion		d. Comments	8		
	city, state, & zip)										
H.K. Qua				Owner/			.*				
PO Box 2							cific Field				
Ph: 336-2	on NC 27216			Inducti	on Kep	air inc	2.	a Floation S	um to Data		
FII. 330°2	.22-9630							e. Election Sum to Date			
				i				\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd/y				yy)	k. Amount		
	1	Check					07/12/20	010	\$	250.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	ove			<u> </u>	
	ne, Mailing Address &	k Phone		b. Job Title/Profession d. Comm					<b>S</b>		
	city, state, & zip)			Retired	l Engine	eer					
	F. Corbett										
PO Box 9				c. Employ	yer's Na	me/Spe	cific Field				
-	n NC 27216-0946	ı						- Fl6 C	4- D-4-		
Ph: 336-2	:28-8991							e. Election St	um to Date	_	
	<del></del> .							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					08/16/20	010	\$	500.00	
									\$		
			<u> </u>					<u> </u>	\$		
4. Total	l only this Page	<u>e</u>						\$		7,750.00	
5. Total	of ALL CRO	-1210 Pages						\$			
(Thic line	must he on line K of I	Dotailed Summary Page C	'RO_1100\					<b>₽</b>			

		m Individuals			Pg <u>2</u> 0		Amendmen  Yes	
		lividual contributions (and Fund if application)		0 or contributions u	nder \$50 if form C	2. ID Nu		
	for Barber	(was I am II applied				2. 1D Nu	ID4X20	
3. Cont	ributor Informat	ion		Add  R	Remove		<del>n</del> .	
1	ıme, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commer	nts	_
	e city, state, & zip)		·					
_	. Owens oble Mill Rd.			Retired Business				
1	amp NC 27349			c. Employer's Name	Specific Field	-		
1	-376-9288					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/19/	2010	\$	100.00
							\$	
							\$	
-	ributor Informati	<del></del>		Add 🗌 R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	its	
John M.	city, state, & zip)			Owner/Real Esta	••			
1619 Pin				c. Employer's Name/	<u> </u>	_		
	aw NC 27340				Special Field			
Ph: 336-	376-3132					e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/23/2	2010	\$	200.00
							\$	
	<u> </u>						\$	•
	ibutor Informatio			Add R	emove			
	me, Mailing Address o city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Commen	ts	
	Fincannon			President				
-	ickson St			c. Employer's Name/S	Specific Field	-		
	NC 27302			Insurance	specific Field	-		
Ph: 919-:	563-0825					e. Election S	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y)	yyy)	k. Amount	
	1	Check			10/05/2	010	\$	150.00
							\$	<u> </u>

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

\$

450.00

		m Individuals ividual contributions	over \$5	Pg 0 or contributions und			Amendmer Yes	_
		(and Fund if applica				2. ID Nu		
Citizens	for Barber						ID4X20	
3. Cont	ributor Informati	on		Add 🗌 Re	move			
1	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commer	nts	
(include David B	city, state, & zip)							
1	arber NC Hwy 87			Register of Deeds	(5. 5)   1			
1	27244-9712			c. Employer's Name/S Alamance County				
i	584-8119			Atlaniance County		e. Election	Sum to Date	
							<del></del> -	<u> </u>
						\$	8,742.83	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			10/04/2	2010	\$	300.00
							\$	
							\$	
	ibutor Informatio			Add 🗌 Re	move			
ł	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	nts	
Keith W	city, state, & zip)							
422 Oak				Attorney c. Employer's Name/S	nasifia Field	-		
ř	on NC 27215-4761			c. Employer's Name/S	pecific Field	_		
-	584-0525			15		e. Election	Sum to Date	
i						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			10/05/2	010	\$	150.00
							\$	
				_4444			\$	
	ibutor Informatio			Add Rei	move			
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)			-				
				c. Employer's Name/Sp	ooiGa Eield	_		
				c. Employer s (vame/s)	becitte Field	<u>]</u>		
						e. Election S	Sum to Date	<del></del>
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

450.00

8,650.00

\$

# **Contributions from Political Party Committees**

				Amei	iument		
Pg	1	of	1		Yes	$\boxtimes$	No

Use this form to report contributions from a political party

	ll Name (and Fund if	í applicable)					2. ID Number		
Citizens for Barbe	er							ID4X20	)
3. Contributor In				Add	Rer	move			
a. Full Name, Mailing		<del>_</del>			 		b. Com	ıments	
(include city, state, &	& zip) / Republican Party				 		_		
Chair: Robert Sim						I			
413 Smith Street	ipo					I	c. Elect	tion Sum to Da	ate
Burlington NC 27 Ph: 336-2270043	217						\$	765.38	
d. Account Code	e. Form of Payment	f. In-Kind De	escriptio	on		g. Date (mm/dd/yyyy	yy) h. Amount		
1	Check				 	08/24/20	010	\$ 500	.00
1		Ad-Newsp		_		09/17/2	2010	\$ 265	.38
		Voter's Gu	<u>ıide</u>		 	<del>-</del>		<del>-</del>	
								\$	
3. Contributor In		[		Add	Rer	move			
a. Full Name, Mailing							b. Com	ments	
(include city, state, &	& zip)				 		1		
							c. Elect	tion Sum to Da	ıte
-					 		\$		
d. Account Code	e. Form of Payment	f. In-Kind De	escriptic	on	 	g. Date (mm/dd/yyyy	y)	h. Amount	
					 			\$	
								\$	
					 			\$	
3. Contributor Inf	formation			Add	Ren	nove			
a. Full Name, Mailing							b. Com	ments	•
(include city, state, &	¿ zip)				 		l		
							i		
						-	c. Elect	tion Sum to Da	
							\$		
d. Account Code	e. Form of Payment	f. In-Kind De	scriptio	on .		g. Date (mm/dd/yyyy	y)	h. Amount	
					 	l <u>_</u>		\$	
		Τ						\$	
				_				\$	
4. Total only th	is Page				 		\$	765.38	
5. Total of ALI	CRO-1220 Page	es			 			765.20	
	line 7 of Detailed Summa		\$	765.38					

D							Amendment		
Disbursements				Pg	1	of 2	Yes	$\boxtimes$	No
In a thin farmer to account the state	c						. —	يت	

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

	Full Name (and Fur	id if applicable)			2. ID Number		
Citizens for Ba	<del></del>				ID4X20		
3. Type of Dish			CRO-1310 forms for ea		ement.)		
Operating I		Contributions to C	andidates/Political Committee	<del></del>	Coordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ling Address & Phone		b. Coordinated Committ	ee Name	d. Comments		
(include city, state,							
	ing Items, Signs						
& Printing			c. Level Registered (Spec				
3264 Van Dr.			Federal [	County:			
Burlington NC			State	Municipality:	e. Election Sum to Date		
Ph: 336-226-74	100				\$ 1,371.55		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B*	07/12/2010	\$980.53	Print Campaign signs.		
				\$			
4. Payee Inform	nation		Add [	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committ	ee Name	d. Comments		
(include city, state,	& zip)						
The Alamance 1	News						
114 West Elm S			c. Level Registered (Spec	ify)			
Graham NC 272			Federal	County:			
Ph: 336-228-78	51		State [	Municipality:	e. Election Sum to Date		
					\$ 1863.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A*	08/02/2010	\$1863.00	Newspaper ads.		
				S			
4. Payee Inform	ation	<u>— П</u>	Add	Remove			
	ing Address & Phone	<u>=</u>	b. Coordinated Committee		d. Comments		
(include city, state,	_						
Times-News							
PO Box 481			c. Level Registered (Spec	ify)			
Burlington NC 2	27215		Federal	County:	7		
336-226-4414			State [	Municipality:	e. Election Sum to Date		
					\$ 4500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A*	08/09/2010	\$4000.00	Newspaper ads.		
1	Check	A*	09/01/2010	\$500.00	Newspaper ads.		
5. Total only thi				<del></del> _	\$ 7,343.53		
	CRO-1310 Pages						
(This line goes in l	line 13a of Detailed Sum	mary Page CRO-1100	oif Operating Expenses)		\$		
(This line goes in l	ine 13b of Detailed Sum	mary Page CRO-1100	) if Contrib to Candidates/Po	litical Comm)	, s		
			if Coordinated Party Expen	ditures)			
	es (List detailed exp						
A* - Media E - Salaries	B* - Printing	C* - Fund			ther Candidate		
I - Postage	F* - Equipment J - Penalties		ce Expenses	H* - Holdin	ng Public Office Expenses		
O* - Other	o romines	K - Oill	te Expenses	Q" - Dunat	ion to Legal Expense Fund		
* Codes require	e detailed explanati	on in required re	emarks field (k)				

Ап	iendment	
	Yes	$\boxtimes$

No

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

	Full Name (and Fun	ıd if applicable)						2. ID Number
Citizens for Bar								ID4X20
3. Type of Disb		ase use separate C				type of Disburser	nent.)	
Operating E	Expenses	Contributions to Car	andidate	tes/Political Comm		Co		ed Party Expenditures
4. Payee Inform			Ade			Remove		
	ling Address & Phone	<del></del>	b. C	Coordinated Com	ımittee N	ame	d. Co	omments
(include city, state,								
Mebane Enterpr				<del></del>				
106 N. Fourth S			c. L	Level Registered (	Specify)		7	
Mebane NC 273	•			Federal		County:	7	
Ph: 919-563-35	55			State		Municipality:	e. Ele	ection Sum to Date
							\$ 4	410.40
f. Account Code	g. Form of Payment	h. Purpose Code	<del>       </del>	i. Date (mm/dd/y	vvy)	j. Amount	k. Re	quired Remarks
1		1.46		<u> </u>	1331	-		/s paper ads.
1	Check	A*		08/10/2010		\$410.40	110	s paper aus.
			$\top$				+	
,						\$		
4. Payee Inform	nation	<u></u>	Add	. <del></del>		Remove		
	ing Address & Phone			Coordinated Com	mittee N		Tare	omments
(include city, state,	-		D. C	.001 umateu Com	dittee	ıme	u. Co.	mments
SDL Advertising			4					
Mike Davis	Š		-	Desistand /	~	<del></del>	4	
	en para	į	C. L.	Level Registered (S			_	
3032-A Rock Hi		,		Federal		County:		
Burlington NC 2		,		State	L	Municipality:	e. Elec	ection Sum to Date
Ph: 336-675-011	11	,					\$ 5	545.00
f. Account Code	g. Form of Payment	h. Purpose Code	$\frac{1}{i}$	i. Date (mm/dd/yy	·vv)	j. Amount		quired Remarks
1	Check	A*		08/02/2010	33,			poard ads.
1	t		`	<u> </u>	'	\$545.00		
	I	1			I	\$		
4. Payee Informa	ation		Add	<u></u>		Remove		<del></del>
				a Coordinated Comi			T. C.	<del></del> -
	ing Address & Phone	J	0.0	oordinated Com	nittee Na	ıme	d. Con	mments
(include city, state, & WBAG AM Rad			4					
		J	<u> </u>				_	
1745 Burch Brid	_	J	c. Le	evel Registered (S			_	
Burlington NC 2	.7217	1		Federal	$\boxtimes$	County:		
336-226-1189		J		State		Municipality:	e. Elec	ction Sum to Date
		ļ			<u> </u>		\$ 69	690.00
f. Account Code	g. Form of Payment	h. Purpose Code	i	. Date (mm/dd/yy		j. Amount		quired Remarks
				-	737		Radio	<del></del>
l 	Check	A*	1	10/04/2010		\$300.00		
1	Check	A*	-	10/06/2010		\$390.00	Radio	o ads.
5. Total only this						1	6	1 7 4 5 10
	CRO-1310 Pages						. \$	1,645.40
	i CRO-1310 Pages line 13a of Detailed Sumn		· se One	dua Evnançaç'				
	une 13a oj Detauea Sumn line 13b of Detailed Sumn						\$	8,988.93
	ime 136 of Detailed Sumn line 13c of Detailed Sumn							-,
					penanure	es)	<u></u>	
	es (List detailed exp							
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica				D - To Anothe		
I - Postage	J - Penalties	G - Politica K* - Office				H* - Holding	Public	Office Expenses
O* - Other	O = 1 Gilainias	N · Ome.	e DAP	enses		V" - Dollano	U to Tra	gal Expense Fund
	e detailed explanation	on in required re	mark	ks field (k)				

D. 1				Amer	ndment
Disbursements	Pg	1	of 1		Yes

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)

	run Name (and Fui	<u>10 ii appiicabie)</u>	<u> </u>				2. ID Number
Citizens for Ba							ID4X20
3. Type of Disl				O-1310 forms for ed		ype of Disburse	ment.)
Operating	_ <del></del>	Contributions to C	Candi	dates/Political Committe	ees	🗆 (	Coordinated Party Expenditures
4. Payee Infor				Add		Remove	
a. Full Name, Mai	ling Address & Phone		L	b. Coordinated Committee Name d. d.			d. Comments
(include city, state							
	Republican Party						
Chair: Robert S	•		L	c. Level Registered (Spe	cify)		
413 Smith Stre			[	Federal	$\boxtimes$	County:	
Burlington NC				State		Municipality:	e. Election Sum to Date
Ph: 336-227-00	)43						\$ 179.24
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	)	j. Amount	k. Required Remarks
1	Check	G		09/01/2010		\$100.00	
1	Check	G		10/13/2010		\$79.24	
4. Payee Inform	nation	<u></u>		Add	<del>_</del>	Remove	
	ling Address & Phone		$\overline{}$	o. Coordinated Commit	tee No		d. Comments
(include city, state.	-		H	or coordinated Continu		ame	u. Comments
Steve Carter fo		·	$\dashv$				
3312 Doral Cor			-	. Level Registered (Spe	cify)		-
Burlington NC						County:	_
Ph: 336-586-06			1 7	State		Municipality:	e. Election Sum to Date
			H	State	Щ	Municipatity.	e. Election Sum to Date
		T					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	)	j. Amount	k. Required Remarks
1	Check	D		09/22/2010		\$100.00	
						s	
4. Payee Inforn	nation			Add	П	Remove	<del></del>
a. Full Name, Mail	ing Address & Phone		Ть	. Coordinated Committ	tee Na	<del></del> :	d. Comments
(include city, state,	-						
	Co. Commission		7				
PO Box 148			c	. Level Registered (Spec	cify)	<del></del>	_
Burlington NC	27215		П		$\overline{\boxtimes}$	County:	
336-227-8356			۱Ē	State	Ħ	Municipality:	e. Election Sum to Date
							\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
1	Check	D		09/22/2010		\$100.00	
•						S	
5. Total only th	is Page			l			\$ 379.24
	CRO-1310 Pages			·			3 379.24
	line 13a of Detailed Sum	mary Page CRO-110	00 if (	Operating Expenses)			
	line 13b of Detailed Sum				olitica	l Comm)	\$ 379.24
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	10 if C	Coordinated Party Exper	nditur	es)	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.)	) above)			
A* - Media	B* - Printing	C* - Fun	ıdrai	ising		D - To Anot	her Candidate
E - Salaries	F* - Equipment						g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Off	ice E	Expenses		Q* - Donati	on to Legal Expense Fund
	o dototlad amula—-45	·					
Coues requir	e detailed explanati	on in required r	ema	arks Heid (K)			

No

		ents From the Com			Pg <u>1</u>	of <u>1</u>	mendr ]	ment Yes 🛭 No	
		imbursements, including co	ontributio 	ons retu	rned to the contri	butor.			
1. Committee Full : Citizens for Barber	Name (and F	und if applicable)					_	ID Number	
CHIZCHS for Darber							11,74	4X20	
3. Payee Information	on	·	A	dd [	Remove	-			
a. Full Name, Mailing A		<del></del>	<u> </u>		pe of Committee		h. (	Original Receipt Date	
(include city, state, &	zip)				Candidate	PAC	+**	09/15/2010	
Marge Blahuta				7 🗇	Referendum	Party			
2010 Lewis Drive				e. Lev	el Registered (Speci	• • • • • • • • • • • • • • • • • • • •	i. Original Receipt Amount		
Graham NC 27253 Ph: 336-270-6409					Federal X	County: Municipality:	\$ 15.81		
				f. Pur	pose Code		j. E	Election Sum to Date	
				L			S	15.81	
b. Job Title/Profession		c. Employer's Name/Specific	Field	g. Cor	mments		k. Account Code		
Deputy Register		Alamance Co ROD					1		
l. Form of Payment	m. Required l	Remarks				n. Date (mm/dd/y	ууу)	o. Amount	
Check	Products for C	arousel Festival				09/22/2010		\$ 15.81	
3. Payee Information	<u> </u>	<del></del>	☐ Ad	4.4 F	l Bamaya	.]		<u> </u>	
a. Full Name, Mailing A			<u> Ас</u>		Remove		Τ.,	Outstand Descript Descri	
(include city, state, &				u. 1yp	Candidate	PAC	n. c	Original Receipt Date	
(minute engly states, es	<u> </u>	<del></del>		1	Referendum	Party			
				e. Lev	el Registered (Specif	<del></del>	i. 0	Priginal Receipt Amount	
					Federal State	County:	\$		
State Municipality:  f. Purpose Code							j. Election Sum to Date		
						-	\$	netion Sum to Date	
b. Job Title/Profession		c. Employer's Name/Specific l	Field	a Con	nments	·	1. 4	Account Code	
	· · · · · · · · · · · · · · · · · · ·	. Zimproyer 5 : tumer specific		g. Con			K. 71	ecount Code	
	·								
l. Form of Payment	m. Required I	Remarks				n. Date (mm/dd/yy	уу)	o. Amount	
								\$	
3. Payee Informatio	n		Ad	ld [7]	Remove	<u> </u>		<u></u> .	
a. Full Name, Mailing A		<u>_</u>			e of Committee		<u> </u>	Original Receipt Date	
(include city, state, &				III	Candidate	PAC	11.0	original Receipt Date	
				17	Referendum	Party			
				e. Leve	el Registered (Specif	y)	i. O	riginal Receipt Amount	
					Federal	County:	s		
				Щ	State	Municipality:	<u> </u>	<u> </u>	
				f. Purp	oose Code		j. El	lection Sum to Date	
							\$		
b. Job Title/Profession		c. Employer's Name/Specific I	Field	g. Com	ıments	<del> </del>	k. A	eccount Code	
t. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount									
								S	
4. Total only this Pa	ge						- 5	S 15.81	
		S (This line must be on line 16 o	f Detailed .	Summary	y Page CRO-1100)	-	\$ 15.81		
L - Returned to Contribute P* - Reimbursement o	utor	M - Overpayment for Serv O* Other				Contribution Limit			
		equired remarks field (m)							

Amendment

### I U:

T T7: 1.60					Allici	i dilitari			
In-Kind Contributions	Pg	1	of	1		Yes	$\bowtie$	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. III	Number		
Citizens for Barber						ID4X20		
3. Contributor Information	Add		Remove		<u> </u>			
a. Full Name, Mailing Address & Phone	<u> </u>		b. Type of C	 Contributor	Tc. Cor	mments		
(include city, state, & zip)			<del></del>	ividual	C. Comments			
Alamance County Republican Party			⊣ <b>≔</b>	ıdidate				
Chair: Robert Simpson			Part	y				
413 Smith Street			PAC	•				
Burlington NC 27217			Refe	erendum	d. Ele	ection Sum to Date		
Ph: 336-227-0043	Other Receipt Source			er Receipt Source	\$	765.38		
e. Description				f. Date (mm/dd/yy)	yy)	g. Fair Market Amount		
Ad - Newspaper Voter's Guide				09/17/2010	)	\$ 265.38		
						\$		
						\$		
3. Contributor Information	Add	I	Remove	,				
a. Full Name, Mailing Address & Phone			b. Type of C		c. Con	nments		
(include city, state, & zip)		<u></u>	-  <u></u>	vidual				
				didate				
			Party	-				
			PAC					
			1 =	erendum	d. Elec	ction Sum to Date		
			Othe	er Receipt Source	\$			
e. Description				f. Date (mm/dd/yyy	/y)	g. Fair Market Amount		
	<del></del>					\$		
						\$		
						\$		
3. Contributor Information	Add	R	Remove					
a. Full Name, Mailing Address & Phone			b. Type of C		e. Com	nments		
(include city, state, & zip)			<b>∤</b> ==	vidual				
		:	l  =	lidate				
			Party					
			! =	rendum	d Flac	ction Sum to Date		
	r Receipt Source		:HOU SUM TO DATE					
					\$			
e. Description				f. Date (mm/dd/yyy	'y)	g. Fair Market Amount		
						\$		
						\$		
						\$		
4. Total only this Page					\$	265.38		
5. Total of ALL CRO-1510 Pages					\$	265.38		
(This line must be on line 17 of Detailed Summa	ry Page CRO-1100)							

#### Contributions to be Reimbursed

nbursed	Pg	1	of	1	Yes	$\boxtimes$	No	
s of \$1,000 or less to be reimburged within 7	daye							

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name					2. ID Number				
Citizens for Barber					ID4X20				
3. Contributor Information		Add		Remove					
Full Name & Mailing Address of the Payee				ailing Address of					
(the original vendor)					gn check is written)				
Paper Factory			Blahuta						
2377 Corporation Parkway		<b>I</b>	2010 Lewis Drive						
Burlington NC 27215 Ph:336-222-0776		<b>I</b>	Graham NC 27253						
Pn:330-222-0770		Ph:33	Ph:336-270-6409						
a. Contribution Description	b. D	ate (mm/dd/	уууу)	c. Credit Card Y/	N d. Amount				
Office Supplies	09	/15/2010		Y	\$ 15.81				
3. Contributor Information		Add		Remove					
Full Name & Mailing Address of the Payee		Full Na	ıme & Ma	ailing Address of	the Reimbursee				
(the original vendor)		(the pe	rson to w	hom the campaig	n check is written)				
a. Contribution Description	b. D	ate (mm/dd/y	уууу)	c. Credit Card Y/	N d. Amount				
					\$				
3. Contributor Information		Add		Remove					
Full Name & Mailing Address of the Payee				ailing Address of					
(the original vendor)		(the per	rson to wi	hom the campaig	n check is written)				
a. Contribution Description	b. Da	ate (mm/dd/y	<u>/yyy)</u>	c. Credit Card Y/N	N d. Amount				
					\$				
3. Contributor Information		Add		Remove					
Full Name & Mailing Address of the Payee	ailing Address of t								
(the original vendor)	(the per	son to wh	hom the campaign	n check is written)					
a. Contribution Description	ite (mm/dd/y	ууу)	c. Credit Card Y/N	N d. Amount					
					\$				
4. Total only this Page		-		\$	15.81				
5. Total of ALL CRO-1215 Pages	-	1.5.04							
(This line goes in line 28 of Detailed Summary Page CRO-1100)	\$ 15.81								