

Amendment



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name:

Committee To Re-Elect Tim Sutton

Treasurer Name:

Tim Sutton

Treasurer Address:

2302 Koser St.

(include city, state, & zip)

Wilmington, NC

Treasurer Phone:

336-380-0564

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10-25-10
Date Signed

Tim Sutton
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| | | | |
|---|---|---|---|
| 1. Committee Information | | | |
| a. Full Name <u>Committee to Reelect Tim Sutton</u> | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) <u>2302 Roger St. Burlington NC 27217</u> | | d. Date Filed <u>10/28/10</u> | |
| | | e. Phone Number <u>336 370-0568</u> | |
| 2. Report Year <u>2010</u> | 3. Period Start Date (mm/dd/yy) <u>2-22-2010</u> | 4. Period End Date (mm/dd/yy) <u>10-1-10</u> | 5. Treasurer Full Name <u>Timothy Hughes</u> |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 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 <u>0</u> | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name <u>LOCAL Government Federal CU</u> | | a. Financial Institution Full Name | |
| b. Purpose <u>Campaign Account</u> | c. Account Code | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ <u>0</u> | | 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. | | | |
| <u>Tim Sutton</u> Printed Name of Signer | | <u>Tim Sutton</u> Signature of Appointed Treasurer | <u>10/28/10</u> Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | <u>12-01-10</u> | Employee: | <u>JG</u> |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |
| | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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. | | | |

Detailed Summary

| |
|---|
| Amendment |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 for RE-Elect Jim Ivers | | | | | |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 50.00 | | \$ 50.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 284.00 | | \$ 284.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 765.38 | | \$ 765.38 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 250.00 | | \$ 250.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 400.00 | | \$ 400.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$.23 | | \$.23 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ | | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 1749.61 | | \$ 1749.61 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 988.00 | | \$ 988.00 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 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) | | \$ 349.38 | | \$ 349.38 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1337.38 | | \$ 1337.38 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 412.23 | | \$ 412.23 | |
| ADDITIONAL INFORMATION | | | | | |
| 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) | | \$ | | \$ | |

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 Fund if applicable) | | | | | | 2. ID Number | |
| Committee to Reelect Jim Iversen | | | | | | | |
| 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 | |
| Ken Corbett 2325 May Drive Burlington, NC | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | check | | 9-1-10 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ 100.00 | |
| 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 | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <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 | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 284.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Individuals

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 Reelect Tim Sutton | | | | | | |
| 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 | |
| David Graham 111 W. Hadden St. Graham NC 27253 | | | Register of Deeds Alamance County Graham NC | | | |
| | | | 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"/> | | Check | | 9/24/10 | \$ 100.00 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 284.00 | |

Contributions from Individuals

Pg 33 of 33

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) <i>Committee to Re-Elect Tim Sutton</i> | 2. ID Number |
|--|--------------|

| | | | | | | |
|---|-----------------|--------------------|---|----------------------|--|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Tim Sutton 2402 Roger St Huntington, VA 22420</i> | | | b. Job Title/Profession <i>Retired</i> | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ <i>84.00</i> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | <i>check</i> | <i>Filing Fee</i> | <i>2-22-10</i> | \$ <i>84.00</i> | |
| <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 | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |

| | |
|-------------------------|-----------------|
| 4. Total only this Page | \$ <i>84.00</i> |
|-------------------------|-----------------|

| | |
|--|------------------|
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ <i>284.00</i> |
|--|------------------|

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

| | | | | | | | |
|--|--------------------|-----------------------------|----------------------|------------------|--|---|--|
| 1. Committee Full Name (and Fund if applicable) <i>Committee to Re-Elect Tim Sutton</i> | | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>At Home County Republican Party 6344 Beate Rd Spartanburg SC 29349</i> | | | | | | b. Comments | |
| | | | | | | c. Election Sum to Date \$ <i>765.38</i> | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| | <i>Check</i> | | <i>9/10</i> | \$ <i>500.00</i> | | | |
| | <i>(In Kind)</i> | <i>Ad in Assurance News</i> | <i>9/10</i> | \$ <i>25.38</i> | | | |
| | | | | \$ | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | | b. Comments | |
| | | | | | | c. Election Sum to Date \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | | b. Comments | |
| | | | | | | c. Election Sum to Date \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 4. Total only this Page | | | | | | \$ <i>765.38</i> | |
| 5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ <i>765.38</i> | |

Contributions from Other Political Committees Pg ___ of ___

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|---|--------------------|------------------------|--|--------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committed to Re-Elect Tim Sutton | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| Reators Political Action Com. c/o Burlington Alliance Co. 215 Alliance Rd. Burlington AREA REATORS | | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | e. Election Sum to Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 250.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | 1 check | | 10-4-10 | \$ 250.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 250.00 | |

Other Receipt Sources

Pg ____ of ____

Amendment
 Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | |
|---|--------------------|--------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| COMMITTEE TO RE-ELECT M. SUTAN | | | |
| 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source) | | | |
| <input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income | | | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments |
| LOCAL GOVERNMENT FEDERAL CREDIT UNION HAMPSHIRE RD. BEDFORD | | | |
| c. Outside Source Explanation | | e. Election Sum to Date | |
| | | \$ 123 (23#) | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | j. Amount |
| | | | \$ 123 |
| | | | \$ |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments |
| | | | |
| c. Outside Source Explanation | | e. Election Sum to Date | |
| | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | j. Amount |
| | | | \$ |
| | | | \$ |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments |
| | | | |
| c. Outside Source Explanation | | e. Election Sum to Date | |
| | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | j. Amount |
| | | | \$ |
| | | | \$ |
| 5. Total only this Page | | | \$ 123 |
| 6. Total of ALL CRO-1250 Pages <small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small> | | | \$ 123 |

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 | |
| Committee to Reelect Tim Sutton | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Times News 336-227-0131 P.O. Box 481 Burlington, NC 27216 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 563.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | | k. Required Remarks | |
| | check | A | 9-27-10 | \$ 164.00 | | Ad | |
| | check | A | 9-27-10 | \$ 399.00 | | Ad | |
| 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 | |
| The Advance News 336-781-1111 P.O. Box 431 Gratham, NC 27253 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 325.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | | k. Required Remarks | |
| | check | A | 9-24-10 | \$ 325.00 | | Ad | |
| 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 | |
| Advance Republican Party 6343 Beale Rd Snow Camp, NC 27349 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | | k. Required Remarks | |
| | check | A | 9-7-10 | \$ 100.00 | | Ad | |
| 5. Total only this Page | | | | | | \$ 988.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 988.00 | |
| <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 (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) | | | | | | | |

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|---|----------------------------|--|---------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | ID Number | |
| Committee to Re-Elect Forlorn | | | | | |
| 3. Lender 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 | |
| 333-380056 Tim Sutton 2302 Roger St Burlington, NC 27217 | | Retired | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | | | 10-1-10 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | 10-1-11 | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| 0% | None | | check | \$ 400.00 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| Timothy Deane Sutton | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan) | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| Tom Sutton 2302 Roger St Burlington, NC 27216 | | County Commissioner Candidate | | | |
| | | d. Percentage | | e. Amount | |
| | | 0% | | \$ 400.00 | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages | | | | \$ 400.00 | |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | | | |

In-Kind Contributions

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 Reelect Tim Sutton | | | |
| 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 |
| Tim Sutton 302 Roger St Burlington, NC 27207 | | <input type="checkbox"/> Individual <input checked="" 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 |
| | | | \$ 84.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Filing Fee | | 2-22-10 | \$ 84.00 |
| | | | \$ |
| | | | \$ |
| 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 |
| 336-538-1121 Hammance County Republican Party 6313 Beate Rd Spartanburg, NC 27349 | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 265.38 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Hammance News Ad (Printed in Voter's Guide) | | 9-17-10 | \$ 265.38 |
| | | | \$ |
| | | | \$ |
| 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 |
| | | <input 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 |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 349.38 |
| 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | | \$ 349.38 |

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan: Committee to Re-Elect Tim Sutton
- Person lending money to committee (Lender): Tim Sutton
- Date of loan to committee: 10-1-10
- Name of lending institution and account number (source): Person
- Amount of loan: \$400.00
- Names of all parties responsible for payment of loan (guarantors): Tim Sutton
- Period of loan: 1 YEAR
- Rate of interest of loan: None
- Security pledged for loan: None

I, Tim Sutton, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Tim Sutton
Signature of Lender

Tim Sutton
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| 1. Committee Information | | | | |
|---|---|---|---|---|
| a. Full Name <i>Committee to Re-Elect Tim Sutton</i> | | c. ID Number | | |
| b. Mailing Address (include City, State and Zip Code) <i>2302 Roger St. Burlington, NC 27217</i> | | d. Date Filed <i>1-27-10</i> | e. Phone Number <i>336-380-0568</i> | |
| 2. Report Year <i>2010</i> | 3. Period Start Date (mm/dd/yy) <i>2-22-2010</i> | 4. Period End Date (mm/dd/yy) <i>10-16-10</i> | 5. Treasurer Full Name <i>Timothy David Sutton</i> | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | 10. Special Report Name | | |
| 8. Number of Fundraisers this Report <i>0</i> | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name <i>Local Government Federal Credit Union</i> | | a. Financial Institution Full Name | | |
| b. Purpose <i>Campaign Act</i> | c. Account Code | b. Purpose | c. Account Code | |
| | d. Period Begin Balance \$ | | 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. | | | | |
| <i>Tim Sutton</i> Printed Name of Signer | | <i>Tim Sutton</i> Signature of Appointed Treasurer | | <i>10-28-10</i> Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | <i>10-28-10</i> | Employee: | <i>JG</i> | 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 |
| <p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p> | | | | |

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 Re-Elect Tim Sotter | | | | | |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 21.04 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 50.00 | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 884.00 | | \$ | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 765.38 | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 250.00 | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ 400.00 | | \$ | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 1.23 | | \$ | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ | | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 2349.61 | | \$ | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ | | \$ | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 1419.85 | | \$ | |
| 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) | | \$ 84.00 | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1503.85 | | \$ | |
| ADDITIONAL INFORMATION | | | | | |
| 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 | |
| Committee To Reelect Tim Sutton | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input 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 | |
| Times News P.O. Box 481 (336-227-0131) Burlington, N.C. 27216 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 563.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | A | 9-27-10 | \$ 164.00 | Ads | | |
| 1 | Check | A | 9-27-10 | \$ 399.00 | Ads | | |
| 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 | |
| Times News P.O. Box 481 (336-227-0131) Burlington, N.C. 27216 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 445.54 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | A | 10-20-10 | \$ 112.02 | Ads | | |
| 1 | Check | A | 10-25-10 | \$ 333.54 | Ads | | |
| 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 | |
| The Advance News P.O. Box 431 (336-228-7871) FRAZER, N.C. 27253 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 411.31 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | A | 9-24-10 | \$ 325.00 | Ads | | |
| 1 | Check | A | 10-26-10 | \$ 86.31 | Ads | | |
| 5. Total only this Page | | | | | | \$ 5 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1419.85 | |
| <small>(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)</small> | | | | | | | |
| 7. Purpose Codes (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) | | | | | | | |

Aggregated Contributions from Individuals

 Page 1 of 1

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

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
|--|-----------------|--------------------|------------------------|----------------------|---------------------------|
| Committee to Re-Elect Tim Sutton | | | | | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add | | check | | | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | check | | | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| 4. Total only this Page | | | | | \$ 25.00 50.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 50.00 |
| <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small> | | | | | |

Contributions from Individuals

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) <u>Committee to Re-Elect Impton</u> | | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Bill Lashley 585-7321</u> <u>113 Whitesell Dr.</u> <u>Ft. Monmouth, NJ</u> | | | | b. Job Title/Profession <u>Retired</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ <u>300.00</u> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | <u>check</u> | | <u>10-25-10</u> | \$ <u>300.00</u> | | |
| <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) <u>Joe Tinkle 587-659</u> <u>806 H. FRANKLIN Mill Rd.</u> <u>Burlington, NJ</u> | | | | b. Job Title/Profession <u>Service Station Owner</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field <u>Joe's 06</u> <u>Burlington, NJ</u> | | e. Election Sum to Date \$ <u>600.00</u> \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | <u>check</u> | | <u>10-25-10</u> | \$ <u>300.00</u> | | |
| <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) John Oakes 228-8991 <u>Ken Corbett</u> <u>2325 Main St. Burlington, NJ</u> | | | | b. Job Title/Profession <u>Retired</u> | | d. Comments | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ <u>700.00</u> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | <u>check</u> | | <u>9-1-10</u> | \$ <u>100.00</u> | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ <u>700.00</u> | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ | |

Contributions from Individuals

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) <i>Committee to Re-Elect Tim</i> | 2. ID Number |
|--|---------------------|

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>DAVID BARBER 117 W HARDEN ST GRATTAN NC 27253</i> | | | b. Job Title/Profession <i>Register Office</i> | | d. Comments | |
| c. Employer's Name/Specific Field <i>Almanac Center</i> | | | e. Election Sum to Date \$ <i>100.00</i> | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | <i>Check</i> | | <i>9-24-10</i> | \$ <i>100.00</i> | |
| <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 | |
| c. Employer's Name/Specific Field | | | e. Election Sum to Date \$ | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| c. Employer's Name/Specific Field | | | e. Election Sum to Date \$ | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |

| | |
|---------------------------------------|-----------------------------|
| 4. Total only this Page | \$ <i>100.00</i> |
| 5. Total of ALL CRO-1210 Pages | \$ <i>100.00</i> |

Contributions from Individuals

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 Reelect Tim Sutton | | | | | | | |
| 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 | |
| Tim Sutton 293027 Keger A Burlington, NC 27216 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 84.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | check | Filing Fee | 2-22-10 | \$ 84.00 | | |
| <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 | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <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 | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 84.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 84.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

| | | | | | |
|---|--------------------|------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Re-Elect Tim Sutton | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| Alamance County Republican Party 6343 Beate Rd. 336 53871121 Snow Camp, NC 27389 | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ 765.38 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| 1 | check | | 9-1-10 | \$ 500.00 | |
| 1 | | Ad in Alamance News | 9-17-10 | \$ 265.38 | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 765.38 | |
| 5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small> | | | | \$ 765.38 | |

Contributions from Other Political Committees Pg ____ of ____

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|---|---------------------------|-------------------------------|---|---------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Re-Elect Tim Sifton | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| 336-227-1336 Advance E. Aswell / Aswell Assoc. 2450 Hanford Road P.O. Box 1713 Burlington, NC | | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | Check | | 10-14-10 | \$ 250.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ | |

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

| | | | |
|--|----------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Re-Elect Sutton | | | |
| 3. Lender 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 |
| 333-380567 Tim Sutton 2302 Roger St Burlington, NC 27217 | | Retired | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | | |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment |
| 0% | None | | check |
| | | | k. Amount |
| | | | \$ 400.00 |
| l. Full Name of Lending Institution | | | m. Loan Number |
| Timothy Debra Sutton | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| Tom Sutton 2302 Roger St Burlington, NC 27210 | | County Commissioner Candidate | |
| | | d. Percentage | e. Amount |
| | | 0% | \$ 400.00 |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | \$ 400.00 |

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan: Committee to Re-Elect Tim Sutton
- Person lending money to committee (Lender): Tim Sutton
- Date of loan to committee: 10-1-10
- Name of lending institution and account number (source): Person
- Amount of loan: \$400.00
- Names of all parties responsible for payment of loan (guarantors): Tim Sutton
- Period of loan: 1 YEAR
- Rate of interest of loan: None
- Security pledged for loan: None

I, Tim Sutton, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Tim Sutton
Signature of Lender

Tim Sutton
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Other Receipt Sources

Amendment
Pg ____ of ____ Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|---|--------------------|------------------------|--------------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| <i>Committee To Re-Elect Tim Sutton</i> | | | | | |
| 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | |
| <input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income | | | | | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| <i>Local Government Federal Credit Union Amman Rd. Burlington</i> | | | c. Outside Source Explanation | e. Election Sum to Date \$ 123 (23#) | |
| | | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ 123 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | c. Outside Source Explanation | e. Election Sum to Date \$ | |
| | | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | c. Outside Source Explanation | e. Election Sum to Date \$ | |
| | | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 123 | |
| 6. Total of ALL CRO-1250 Pages | | | | \$ 123 | |
| (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) | | | | | |
| (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) | | | | | |
| (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) | | | | | |