-IMEnchent



# 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.

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- TURLINGTON, M.
-34-710-05/X
dittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.  Signature

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

Disclosure	Report	Cover
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Amendment	
✓ Yes	☐ No
ith athan da	tailed form

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	1 (11	c. ID Number
(OMMitte to)	FFTeet (a) All	
b. Mailing Address (include City, State and Zip Code		d. Date Filed
2302 Rogen =	4.	e. Phone Number
Bud Lington	1 27217	334 380056X
2. Report Year 3. Period Start Date (mm/dd	yy) 4. Period End Date (mm/dd/yy) 5. Treas	surer Full Name
20/0 7-22-20/1	10-11-10 /0	notly threada will
6, Type of Committee (Check One)	9. Type of Report (check only one type of r	
Candidate Campaign Party	Municipal State/County	Referendum
PAC Referendum	Organizational Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser	Thirty-five day Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary First	Final
	Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff Third	Annual
Booster Fund	Semi-annual Fourth	☐ Special
☐ Building Fund	Mid Year Semi-annual	<b>—</b> оросии
Dunaing Fund	Year End Mid Year	10. Special Report Name
Other:		10. Special Report Name
8. Number of Fundraisers this Report	Special Final	
	☐ Special	
11. Account Information	11. Account Information	Control of the State of the Sta
a. Financial Institution Full Name	a. Financial Institution Full Name	AMERICAN CONTROL OF THE PROPERTY OF THE PROPER
	TA ACIV	
b. Purpose c. Account Co	eder CU	In America Code
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(AmpAight		
d. Period Beg	n Balance	d. Period Begin Balance
ACCOUNT \$ (		\$
CERTIFICATION		
		Same property of the political section.
	ance with all applicable provisions of Article 22A,	
	commingled with prohibited or other non-disclose	
report is complete, true and correct and that I have	e been trained by the NC State Board of Elections	
		10/1/2
(M) X//01	Im John	100070
Printed Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY 12-01-	-10	
Date Received:	Employee: UG	Delivery Method  Normal Mail
Date Postmarked:	Employee:	☐ Registered Mail ☑ Hand Delivered
Date Scanned:	Employee:	☐ Electronically Filed
Date Data Entered:	Employee:	☐ Signer has not received mandatory training
Please Note: This form cannot be used	to amend committee information such as the c	committee address, treasurer,
assistant treasurer, cu	stodian of books information, or account infor	mation.
You must amend the Statement	of Organization (CRO-2100A-E) to make co	mmittee changes.

CRO-1000

NC State Board of Elections

August 2008

Amendment ☑ Yes ☐ No

Detailed Summary Use this form to summarize all disclosure reporting forms and	I to total mo	netary information	Amendment  Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
(Om Mitherto lim litto	2		
Start of Election Cycle: January 1, 2007	_	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ <b>O</b>	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 284.00	\$ 2 PY.W
7) Contributions from Political Party Committees	(CRO-1220)	\$ 765.38	\$ 765.38
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250.00	\$ 2 10.00
9) Loan Proceeds	(CRO-1410)	\$ 400.00	\$ (00.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			the Market Company
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)	\$ 1749.0	1 \$ 1744.61
<u>EXPENDITURES</u>			
13) Disbursements		20	000
13a) Operating Expenditures	(CRO-1310)	\$ 988.0	o \$ 9 77.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1000
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)	\$ 3 49.31	\$ 349.38
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 337.38	\$ (337-3)
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 1912,23	s 4/2-23
ADDITIONAL INFORMATION			THE PARTY OF THE P
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)	\$	\$
*	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

					age of	Yes No			
				ns From Individuals o	The second secon				
1.	1. Committee Full Name (and Fund if applicable) 2. ID Number								
(	(omorithee to REFlect (in ) Atom								
PMC90404	FOREIGN TO SERVER	itor Information							
-	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
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	(This line must be on line 5 of Detailed Summary Page CRO-1100)								

Contr	ibutions fror	n Individuals		Pg	of		Yes No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form C								
1. Comm	ittee Full Name (	and Fund if applica	ple)			2. ID Nun	ber	
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	butor Informatio	MARKET SEPTEMBER OF SHEAR SHOW			nove	1.0		
SALANDER SERVICE	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	. 1	d. Comment	Section 1	
Ke	Ken Corbett			c. Employer's Name/Sp	ecific Field			
2 3	325 MAY	WRIVE_				e. Election S	um to Date	
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(include	city, state, & zip)							
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Cont	tributions fi	rom Individua	ls	Pg	of _	2	Yes No
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1. Con	ımittee Full Nan	ne (and Fund if appl	icable)			2. I	D Number
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3. Con	tributor Inform	ation		Add Re	move		<b>对外的现在分词</b>
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(inclu	de city, state, & zip)	The I		c. Employer's Na	ne/Specific Field		
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a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Co	omments
(includ	le city, state, & zip)						
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a. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
(includ	e city, state, & zip)						
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CRO-12	Charles and the second	of Delanca Summary Pa	NC State Boar	rd of Elections		-	April 2007

		rom Individua	Nedada coli	Pg		Amendment Yes No
1 Con	s form to report	individual contribution in individual contributi	ons over \$50 or c	ontributions und	er \$50 if form Ci	RO 1205 is not used
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		RO-1210 Pages				1/200
		of Detailed Summary Pa	age CRO-1100)			\$ 78 4.00

Contribut	ions from Politic	al Party Committees	Pg of	Amendment Yes No
Use this form	to report contributions	from a political party		
1. Committee l	Full Name (and Fund if	applicable)	1. ( 11	2. ID Number
( Ou	swittet	ORE-GED 1	(un) to	
3. Contributor		Add I	Remove	
	ling Address & Phone			b. Comments
(include city, sta	MANCKAN BRAJER	K. KANHICA	nfartz	c. Election Sum to Date
SNU	V CAMP	M. 27340	7	s 76 55x
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yy	yy) h. Amount
	Chock		9-1-10	500.00
/	( Takind	) Ad in Alburyn	4 917H	O\$ 215.37
/		New		\$
3. Contributor		Add F	Remove	
a. Full Name, Mail (include city, sta	ing Address & Phone			b. Comments
(merade city, sta	ic, cc zip)			
				c. Election Sum to Date
	r	<del></del>		\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yy	yy) h. Amount
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a. Full Name, Mail (include city, stat	ing Address & Phone			b. Comments
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4. Total only	this Page			\$ /0) - //_
5. Total of Al	LL CRO-1220 Page	S		\$ 76 5 58
(This line must be	on line 7 of Detailed Summa	ry Page CRO-1100)		* /0/ -7/

## **Contributions from Other Political Committees** ☐ No Yes Use this form to report contributions from other candidate, referendum or PAC committees 2. ID Number 1. Committee Full Name (and Fund if applicable) Add Remove 3. Contributor Information d. Comments a. Full Name, Mailing Address & Phone b. Type of Committee Candidate X PAC (include city, state, & zip) Referendum c. Level Registered (Specify) Federal V County: Municipality: e. Election Sum to Date State i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment h. In-Kind Description \$ \$ \$ Add Remove 3. Contributor Information b. Type of Committee d. Comments a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date j. Amount g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) f. Account Code \$ \$ 3. Contributor Information Add Remove b. Type of Committee d. Comments a. Full Name, Mailing Address & Phone Candidate (include city, state, & zip) Referendum c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: j. Amount h. In-Kind Description i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment \$ \$ \$ 4. Total only this Page 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)

Other Receipt Sources		Pg of	Yes No
Use this form to report income not reported on and		ncome, not for profit	contributions etc.
1. Compatites Full Name (and Pund Fapplican)	e)		2. ID Number
(OMMITTEE)	=44/	M) utton	
3. Type of Receipt Source / Please use separate			
	Not-for-Profit Organizations	Annal and the Vision of the Contract of the Co	ources of Income
4: Contributor Information  a. Full Name, Mailing Address & Phone	Cite astrate and the state of t	Remove Service	d, Comments
(include city, state, & zip)	D. 1401-101-F1	Out Federal ID #	ui Comments
LOCAL GOVERNINE,	c. Outside So	urce Explanation	
Federal CREdy TVI	112m		e, Election Sum to Date
AtminceRd Indias	TOPA!		\$,25 (254
f. Account Code g. Form of Payment/ h. In-Kin	d Description	i. Data (mm/dd/yyy	ry) j. Amount
			\$ 105
			\$
4. Contributor Information	☐ A'dd ☐	Remove	
a. Full Name, Mailing Address & Phone	b. Not-for-Pr	ofit Federal ID #	d. Comments
(include city, state, & zip)			
	c Outside So	urce Explanation	
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f. Account Code g. Form of Payment h. In-Kin-	d Description	i. Date (mm/dd/yyy	y) j. Amount
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4. Contributor Information	□ Add □	Remove	
a. Full Name, Mailing Address & Phone	b. Not-for-Pr	ofit Federal ID#	d. Comments
(include city, state, & zip)			
	c. Outside So	urce Explanation	
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			\$
5: Total only this Page			15,25
6. Total of ALL CRO-1250 Pages			
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(I his line goes in line 110 of Delailed Summary Fage CR (This line goes in line 110 of Delailed Summary Page CR		THE PROPERTY OF THE PROPERTY OF THE PARTY OF	10

Disbursements	Pg	of		Amendment Yes	No
			_		_

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

committees and	l coordinated party ex	penditures				-		
1. Committee	Full Name (and Fun	d if applicable)			-	2. ID Number		
(04	mittee	to RE	Te	+1	in of	4		
3. Type of Disl	bursement (Please	e use separate Cl	RO-1310	forms for	each type of Disb	oursement.)		
Operating Exp		ntributions to Candid				ordinated Party Expenditures		
4. Payee Inform	mation			Add $\square$	Remove			
a. Full Name, M	Mailing Address & Ph	one		b. Coordinat	ted Committee Name	e d. Comments		
(include city, state								
16M	es Neus	- 336-2	27-	c. Level Regi	istered (Specify)  County:			
P.O.,	130X 481		,	State	Municipa	e. Election Sum to Date		
BUKE	Lington &	(2721				\$ 563.017		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Chart	4	9	17-10	\$ // 4	115		
1	Check	A	0	77-60	\$ 399.00	110		
4. Payee Inform	nation		98388	Add $\Box$	Remove	Hal		
	ling Address & Phone			- Personal State Control	ed Committee Name	d. Comments		
(include city, sta				b. Coordinat	ed Committee Name	d. Comments		
110	A/AMAnce	New G	20	- I I D !	1 1 (6 16 )	No.		
100	1)// ///	1211 20	如一	Federal	stered (Specify)  County:			
P-0.19	02 431	770-10		State	Municipal	lity: e. Election Sum to Date		
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i. Account code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Required Remarks		
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1				/ / 0	\$	,		
4. Payee Inforn	AVERAGE AND ADDRESS OF THE PARTY OF THE PART			Add $\square$	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments		
(include city, sta	te, & zip)							
ALA	MANCE R	epublica	Mety	Federal	stered (Specify)  County:			
91	1) neate 1	11		State	Municipal	ity: e. Election Sum to Date		
M	ou CAMP	N127	73×9			\$ 700.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks		
	Chork	A	9	7-10	\$ 100,00	AA		
		//		1 / 0	\$			
5. Total only th	is Page					\$ 93000		
6. Total of ALL	CRO-1310 Pages					130.00		
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expense.	s)	6 000		
(This line goes in	(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)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media	B* - Printin			ndraising		nother Candidate		
E - Salaries	F* - Equipm			tical Party		lding Public Office Expenses		
I - Postage O* Other	J - Penaltie	S	K* - Of	fice Expens	ses Q* - Doi	nation to Legal Expense Fund		
	a detailed applement	.n in us <i>ani</i>		field (le)		TERRITOR CONTROL OF THE PROPERTY OF THE PROPER		
Coues require	e detailed explanation	m in required re	marks	neia (K)				

T Dle		Amendment
Loan Proceeds	Pg — of	Yes No
Use this form to report proceeds from a loan and loan endors A loan proceeds statement must accompany each loan that is		
1. Committee Full Name (and Fund if applicable)		2/ID Number
Committee to KEE	loct toling	Uth
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone 222	b. Job Title/Prefession	d. Comments
(include city, state, & zip)	RPTREA	
1M Jutton	10,0	e. Start Date (mm/dd/yyyy)
2301 Roger H	c. Employer's Name/Specific Fiel	10 1 10
Bustinet Mine	<b>→</b>	f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged i. Acco	ount Code j. Formof Paymen	
g. Rate h. Security Pledged i. Acco	Cooli	s (201).m
I. Full Name of Lending Institution	1	m. Loan Number
Timothy theday Su	1100	
4. Endorsers/Makers (The people who guarantee the loaw)		
a. Full Name, Mailing Affaress & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)	COUNTY	1
(m) atta	COMMISSIONEL	
12 32 Roger St	d. Percentage	e. Amount
7 1 1/201		(11)
Burlingla De 27210	%	\$ 400.00
a. Full Name, Mailing Addyess & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & hip)	<u>-</u>	-
	d. Percentage	e. Amount
	%	\$
	<u> </u>	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c, Employer's Name/Specific Field
(include city, state, & zip)		
	d. Percentage	e. Amount
	%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)		
	d. Percentage	e. Amount
	%	\$
5. Total of ALL CRO-1410 Pages		
(This line must be on line 9 of Detailed Summary Page CRO-1100)		\$ 900.90 J
	1 5 61	/ 1,0003

In-Kind Contributions Use this form to report non-monetary contributions, donations, good	Pg	of of	[	Amendment Yes No
Use CRO-1215 if In-Kind Contributions were or will be refur	nded within 7 day	ys.		
1. Committee Full Name (and Fund if applicable)	4	1	2. ID	) Number
Committee to KE Elect	1/10	1 Sutto	4	
3. Contributor Information	Add 🔲 Ren	moye		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Cor	mments
(include city_state, & zip)	Individual  Candidate			
1/m Sutton	Party PAC			
12 John Min	Referendum Other Receipt	Source	d. Elec	ection Sum to Date
e. Description		f. Date (mm/dd/yyy	1	g. Fair Market Amount
Filing Fol		2-12-1	1-	\$
				\$
V				\$
3. Contributor Information	AUTO ACTUAL TO A TOTAL STORY	nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor	c. Con	mments
Stampace County Republican	Candidate Party PAC			
1343 Beste 119 2 7349	Referendum Other Receipt	Source	\$ 0	ection Sum to Date
e. Description  Ange New S.A.		f. Date (mm/dd/yyy	y) g.	s, Fair Market Amount
(PRINTERY Voters bride		,		\$
				\$
3. Contributor Information	Add Rem			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	utor	c. Con	nments
(include city, state, & zip)	Individual Candidate Party PAC			
1	Referendum		d. Elec	ction Sum to Date
	Other Receipt		\$	
e. Description		f. Date (mm/dd/yyy	y) g	, Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	3×9.5%
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	349.50

# **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:
(OMMITTEE TO RELIED IN 101/101
Person lending money to committee/(Lender):
//N/
Date of loan to committee:
Name of lending institution and account number (source):
18145on
• Amount of loan: # 400.00
Names of all parties responsible for payment of loan (guarantors):
I'm Soften
Period of loan:
Rate of interest of loan:
Security pledged for loan:
(1 in ) 1 ft
, acknowledge that all of the information (Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.
1 in Jutta
Signature of Lender
(Im ) Man
Signature of Treasurer of Committee

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

· ·			
Disclosure Report Cover	á		Amendment
Use this form for general report and committee	information r	t be signed and submitted alo	Yes No
Do not use this form to update information.	se information, n	nust be signed and sublimited alor	ng with other detailed forms.
1. Committee Information			
a. Full Name		1	c. ID Number
COMMITTEE to KE-Z	Tect 1	in Jutten	
b. Mailing Address (include City, State and Zip Code	e) /	/ /	d. Date Filed
2302 Kuger St.			1-1-10
By (instant)	711	)	e. Phone Number
2. Report Year 3. Period Start Date (mm/dd	Poriod I	End Date (mm/dd/yy)   5. Treasure	or Full/Name
20/0 2-22-2010	10.	-16-10 1/m	ofhylas Ar hatta
6. Type of Committee (Check One)		oort (check only one type of repo	
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizational		Organizational
Independent Expenditure  Joint Fundraiser	Thirty-five day	`	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
T. T	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check one)  Booster Fund	Pre-runoff	Third	Annual Special
Booster Fund Building Fund	Semi-annual	Fourth	☐ Special
Building Pulla	Mid Year Year End		10 Caralal Danout Nama
Other:	Year End	Mid Year Year End	10. Special Report Name
8. Number of Fundraisers this Report	Special	Final	
o. Number of Fundraisers this Report	Special		
		Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name	11/10/11	a. Financial Institution Full Name	
1.0 CAI TOVERNMENT LEGER	Al CPATT Chie		
b. Purpose (c. Account Co	ode	b. Purpose	c. Account Code
CAMAIGHNACO			
d. Period Begi	in Balance		d. Period Begin Balance
. \$			\$
CERTIFICATION	NUMBER OF STREET		CHARLESTON OF THE STREET
The state of the s	' with all and	in the manifest of Anti-Laga A 22	D 0 22D 22M - COL 162
I certify that the Committee or Fund is in compli of the NC General Statutes and that no funds are			
report is complete, true and correct and that I have			unds. I further certify that this
report is complete, and and correct and that I have	ve been trained by	the NC State Board of Electrons.	101
1/11/ 1 the		ina	10 11/10

Printed Name of Signer Signature of Appointed Treasurer

FOR OFFICE USE ONLY

Date Received: 10-28-10 Employee: JG Delivery Method Normal Mail

Date Postmarked: Employee: Hand Delivered

Date Scanned: Employee: Employee: Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

CRO-1000

NC State Board of Elections

August 2008

Amendment ☐ No ☐ Yes

Detailed Summary			Amendment  Yes No
Use this form to summarize all disclosure reporting forms and to 1. Committee Full Name (and Fund if applicable) 2.			ID Number
ommittee to the Flet (in ) other	Type of F	Keport 3	. ID Number
Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 21.04	\$
RECEIPTS		Ÿ /	
5) Aggregated Contributions from Individuals (0	CRO-1205)	\$ 50.00	\$
6) Contributions from Individuals (0	CRO-1210)	\$ 874.001	\$
7) Contributions from Political Party Committees (6)	CRO-1220)	\$ 765.33	\$
8) Contributions from Other Political Committees (6)	CRO-1230)	\$ 250.00	\$
9) Loan Proceeds (0	CRO-1410)	\$ 400.00	\$
10) Refunds/Reimbursements to the Committee (6	CRO-1240)	\$	\$
11) Other Receipt Sources	100		
11a) Interest on Bank Accounts (0	CRO-1250)	\$ 123	\$
11b) Contributions from Not-For-Profit Organizations (6	CRO-1250)	\$	\$
11c) Outside Sources of Income (6	CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (6	CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (6	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11c	d and 11e)	\$ 2349.61	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures (C	CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (C	CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (C	CRO-1310)	\$ 14/9.85	\$
14) Aggregated Non-Media Expenditures (C	CRO-1315)	\$	\$
15) Loan Repayments (C	CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (C	CRO-1320)	\$	\$
17) In-Kind Contributions (C	CRO-1510)	\$ 84.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	16 and 17)	\$ ,	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 15 03.25	\$
ADDITIONAL INFORMATION		10 -00	
	CRO-1330)	\$	
	CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (C	CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (C	CRO-1620)	\$	
24) Account Transfers Within the Committee (6	SRO-1720)	\$	
25) Administrative Support (C	CRO-1710)	\$	\$
	CRO-1440)	\$	\$
	_	\$	\$
28) Contributions to be Refunded (CI	THE RESERVE TO SERVE THE PARTY OF THE PARTY	\$	\$

Disbursements Use this form to report expenditures from the committee for operating committees and coordinated party expenditures	Pg	of	Amendment Yes candidate/poli	☐ No itical
1. Committee Full Name (and Fund if applicable)		2.	ID Number	
Committee To REFIRET LIM S.	11-Han			

1. Committee !	Full Name (and Fund	d if applicable)				2. ID Number
COMMI	ittee To RE	Elect	IIM	1 50°	Hon	
3. Type of Dish	bursement (Please	use separate CR				ourseme <u>nt.)</u>
Operating Exp	penses Cont	ntributions to Candidat				ordinated Party Expenditures
4. Payee Inform	mation			Add 🔲	Remove	
	Mailing Address & Pho	one		b. Coordinate	ted Committee Name	e d. Comments
(include city, state	e, & zip)					
( ) .M.A.	· - 10;			<u></u>		
1 18018	15 /VX4	/>	_		istered((Specify)	
1801	That UXI	1/2/-1274	-121)	Federal	County:	
101	10× 17 1	DOMY	1121	State	Municipal	ality: e. Election Sum to Date
MILL	-ington	1. (2/12	46			\$ 563.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	(mm/dd/yyyy)	j. Amount	k. Required Remarks
	Yerk_	1 4	1 4-	J7-10'	\$ 76 4.00	AAS
7	Cherk		4.	17-10	6760	1/1/
4. Payee Inform		<del> </del>	7	$Add \square$	Remove	MA
	iling Address & Phone		<u> </u>		ed Committee Name	d. Comments
a. Full (value, Man (include city, sta	_		ı	D. Coor arm	20 COMMBREE : Variation	a. Commens
( SIAD	-14 1	-		1		
1/1/18	( NEW( )	201.20	10	c. Level Regis	istered (Specify)	$\dashv$
bolov	! 1/01/ (	351.14F	0/5/1	Federal	County:	
1.0.1701	111	1/000	7/1/	State	<u> </u>	lity: e. Election Sum to Date
15.11	inten M.	2711	1			1.11th
1/4/24	119/W 1/19	1140				1 717.74
f. Account Code	g/Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Required Remarks
/,`	YCheck 1	I A ]	1/0-	-2010	( <u>0)</u>	TAAC '
7	Check	A	170-	1 -	\$ 732 5	
4. Payee Inforn			<u> </u>	<u> </u>	1 11 1.//	Haj
	mation ling Address & Phone		<u> </u>	<del>,</del>	Remove	
a. Full Name, Maili (include city, stat	=		}	b. Coordinate	ed Committee Name	d. Comments
(Include city, s	1	1/		1 _		
1/hc	Alfor Ance	New ,	2	I aval Regis	stered (Specify)	_
1/1/	1///1/1/1/	122/328	-2/11	Federal	stered (Specify)  County:	
1 4.0.170	X 451 1	( ) / 6-5/~	19/1/	State		hity: e. Election Sum to Date /
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1/K/1/1	M, N. 1-18	<i>س</i> ر ۲۶	!	f		\$ //-5/
f. Account Code	g. Form of Payment	h. Purpose Code i	i. Date (r	mm/dd/yyyy)	j. Amount	k. Required Remarks
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· <del></del>	1 Charles	<del>- / /</del>		<del>+ // / /  </del>		
<del></del>	LCAUCY	<u> </u>	<u>/U -</u> ,	<u> 20-10 -</u>	\$ 86.511	Has
5. Total only th			1			\$
•	L CRO-1310 Pages					11.10
(This line goes in	ı line 13a of Detailed Sumn					1/L/U 8 (
(This line goes in	n line 13b of Detailed Sumn	mary Page CRO-1100	00 if Conti	trib to Candidat	ites/Political Comm)	(\$/7/91)
(This line goes in	ı line 13c of Detailed Sumn	mary Page CRO-1100	00 if Coord	rdinated Party E		////
7. Purpose Co	odes (List detailed e					<u> </u>
A* - Media	B* - Printing	ig (		undraising	D - To A	Another Candidate
E - Salaries	F* - Equipm	nent (	<b>G</b> - Poli	itical Party	H* - Hol	lding Public Office Expenses
I - Postage	J - Penalties			ffice Expens		nation to Legal Expense Fund
O* Other				-	_	<u>.</u>
* 0. 3	re detailed evalanatio	an in required we	ama eke	Stald (Ir)		

Aggrega	ated Contri	butions from	Individuals Page		Amendment  Yes No	
			ons From Individuals of \$	550 or less		_
1. Committ	tee Full Name (a	and Fund if applicat	ole)	( // 2.	ID Number	
( On	1Mitter	10Kt-E	led M	)UTION		
3. Contribu	itor Information	n				1
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
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The state of the s	nly this Page			\$	250	- 50.a
	f ALL CRO-1	1205 Pages		energe and the read of	( )· ( )	) , , ,
		etailed Summary Page Cl	RO-1100)	\$	20.97	

CRO-1205

NC State Board of Elections

April 2007

					1/ al		
Contr	ibutions fr	rom Individua	le	n.		/	Amendment
		ndividual contributio		Pg ontributions und		<del>20</del> 1	Yes No 205 is not used
1. Comp	nittee Full Nan	ne (and Fund if appl	icable)//	- 1	100 /11	Control of the last	D Number
	OMM	itteet	DEE	Test	In Alan		
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	me, Mailing Addre	ess & Phone	6/1/21	b. Job Title/Profe	ession	d. C	omments
(Illefuge	city, state, & zip)	. 1126	5-1721	Reti	if en		
17	111 /_	Athlex	1	c. Employer's Nar	me/Specific Field		
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1/	Ju.	11/4/01/	IK				lection Sum to Date
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	me, Mailing Addre city_state, & zip)	ss & Phone	Delle	b. Job Title/Profes	ssion	d. Co	omments
(include	City, state, et zip)	1. 1/1 )	17-6154	PAVICE	Station Own	en	
1	De 1	KME	1001	c. Employer's Nar	me/Specifie Field		600
V	1/1/ 4	CEANAUM!	illed	100%	06	o El	ection Sum to Date
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	ne, Mailing Addres	ss & Phone		b. Job Title/Profes	A STATE OF THE PARTY OF THE PAR	d. Co	omments
(include	city, state, & zip)	Act >	- 0 Dans	KPT	red		
V	ohn C	ATES &	200991	c. Employer's Nan	ne/Specific Field		
1	120/1	alkott	/ /			e. Ele	ection Sum to Date
K	23	1 /7/ 12	A Total	11		\$	7/1/100
Prior g	. Account Code	h Form of Payment	i. In-Kind/Descript	·ion	! Data (m/dd/www		100.00
Thor g.	. Account Code	Torner rayment	I. In-Kind Descirpt	lion	j. Date (mm/dd/yyy	y)	k. Amount
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efficiency automorphism	l only this Pa					\$ (	700.00
		O-1210 Pages				\$	,
(This line	must be on line 6	of Detailed Summary Page	ge CRO-1100)			- 10	

				(	2 of	5	
Use thi	s form to repor	from Individua	ons over \$50 or o	Pg contributions und			
1. Com	mittee Full Na	ame (and Fund if app	plicable)	711		<b>2</b> .	ID Number
	UMM	(7/ee/	0 / 7	100	1 M/V/16	h	
	tributor Infor ame, Mailing Ad			Add / Re/	move / //	/ la (	Comments
	le city, state, & A		5 N-65/6	15 JOS IGHEFFICIE	ssion /	7	
J	DAVID TYW F	TARJE J	/ / <del>0- 0/-0/-</del>	c. Employer's Na	W Off Olyme/Specific Field	e. E	Clection Sum to Date
(	1/4/11/	M V	115	1 0 K-/T/1.H	W/		700. W
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	( <u>vy)</u>	k. Amount
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3. Cont	ributor Infor	mation		Add Re	move		
	ame, Mailing Ad		<del></del>	b. Job Title/Profe		d. C	Comments
(includ	le city, state, & zi	p)					
				c. Employer's Nai	me/Specific Field	e. E	lection Sum to Date
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	ame, Mailing Add			b. Job Title/Profes	ssion	d. C	omments
(includ	e city, state, & zi	P)		-			
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		CRO-1210 Pages	CDO 1100			\$	Van
(Ims li	ne must de on lini	e 6 of Detailed Summary P	age CKO-1100)			1	4-1-11-111

Cont	ributions fi	rom Individua	als		Pg	of	2	Yes No
		individual contributio		ontribu	C)			1205 is not used
1. Con	mittee Full Nan	ne (and Fund if app	licable)	, /	`,	( L	2.	ID Number
	OMMIT	Tel tok	EECH		M	Mor	$ \downarrow $	
	tributor Inform		, , ,	Add		natove		
	lame, Mailing Addr			b. Job 7	Title/Profe	ssion	d. C	Comments
(therac	de city, state, & zip)	$=$ $\mathcal{U}$	<del>_</del> .	1 /	ELTIA	Led		
	m)(	1180		c. Empl	loyer's Nar	me/Specific Field	1	
/ '	2 3 7 9	RODA_H				- <del></del> -		9 11 0 11 10 14 10 14 1
4	1704/	Dist	. ~ /	-				lection Sum to Date
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	tributor Informa			Add		nove		
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(1116.1124	le city, state, & zip)		<del></del>	-				
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ł	ame, Mailing Addre le city, state, & zip)	ss & Phone	İ	b. Job T	Title/Profes	sion_	d. C	omments
(Meidd	e city, state, ac zip)							
				c. Emplo	oyer's Nam	ne/Specific Field		
							e. El	ection Sum to Date
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (nım/dd/yyy	(y)	k. Amount
								\$
								\$
								\$
4. Tota	al only this Pa	age	•			-	\$	XX:00
	Total of ALL CRO-1210 Pages							
	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Political Party Committees Pg of				Yes No		
Use this form t	to report contributions	from a political party				
1. Committee F	2. ID Number					
( OMK	11the to	KEHECT IM	W7/00			
3. Contributor		Add Ren	nove			
	ing Address & Phone			b. Comments		
(include city, stat	e, & zip)	Panalica Di	- f			
1/1/11/	mce county	Lepop Int	41			
634	3 BeAlel K	(d 356 53)	8+1121	c. Election Sum to Date		
	1/	1 200	/ //	11/020		
)/// 0	WCAMP 10.	1/1/4		\$ 165-58		
d. Acgount Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy			
	Check		9-1-10	\$ 500.00		
		Ad in Alpmande	59-17-16	265.32		
1			,	\$		
3. Contributor		☐ Add ☐ Ren	nove			
a. Full Name, Maili (include city, stat	ing Address & Phone			b. Comments		
(include city, stat	e, & zip)					
				c. Election Sum to Date		
	\$					
1 1 Codo	7	0 x xx 1 x 1 x 1 x 1	D : //11/			
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy			
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	LL CRO-1220 Pages			\$ 7/5.38		

	ions from Other I				Yes No		
Use this form to report contributions from other candidate, referendum or PAC committees							
1. Committee I	Full Name (and Fund if a	applicable)	/	1	2. ID Number		
(omp	1 Ittee to 1	E-Fect	-/tm	) ofton			
3. Contributor			Contract and the second second second second	move			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Comm Candidate Referendum c. Level Registere Federal	PAC	d. Comments		
10.150X.	ANTORA KOAD	A)X.	State	Municipality:	e. Election Sum to Date		
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3. Contributor	Information		Add Re	move			
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			Referendum	10.3			
			c. Level Registere	ed (Specify)  County:			
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					/		- 1	Amendment			
Loan Pr					Pg 🗸	of _	$\perp$	Yes	□ No		
	m to report proceeds from a loa				tion	_		<del></del> -			
A loan proc	eeds statement must accompany	y each Ioan				_					
1. Committ	ee Full Name (and Fund if ap	plicable)		7 /	<u></u>	/ (	7/1	D Number			
Con	mutter to	$\cancel{K} = \cancel{2}$	<u> </u>	4CT	Fo/	M	th	<u> </u>			
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	Mailing Address & Phone 211	, , ,	KI	6. Job Tjeke/l	Profession	7	d. C	omments			
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1/1	M ) witten	,r 1	, ,	100				e. Start Date (mm/dd/yyyy)			
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W War	Mone			<del></del>	Che	ek_	I, <sub>1</sub>	\$ 401	<u> </u>		
I. Full Name o	f Lending Institution	2	<u> </u>	$\mathcal{H}$			- m. r	oan Number			
/ /0	Mothy West	ac_	) <u>/</u>	'//b\ <u> </u>							
4. Endorser		antee the loai	x/	<del></del>							
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(This line m	ist be on line 9 of Detailed Summary .	Page CRO-11	100)				J 4	TUU.	(1)		

# **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:  OMMITTEE TO RETRECT IN OTTO	· <u>/</u> つ
Person lending money to committee/(Lender):	
Date of loan to committee:	_
Name of lending institution and account number (source):	_
• Amount of loan: # 400.00	_
Names of all parties responsible for payment of loan (guarantors):	
	_
Period of loan:	_
Rate of interest of loan:	_
Security pledged for loan:	_
I,, acknowledge that all of the information	
1 im Sutter	
Signature of Lender  All  All  All  All  All  All  All  A	_
Signature of Treasurer of Committee	_

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

Other	<b>Receipt Sources</b>
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Other Rec	eipt Sources		Pg	of _		Yes	□ No	
Use this form to	report income not report	ed on another form.	i.e. interest inco	me, not for profi	t con	tributions etc	D	_
1. Committee F	ull Name (and Pund if	pplicable)	,, ,, , , , , , , , , , , , , , , , ,		2. I	D Number		
(ON	1MITHE	OREGI	ef / in	1) uffor	$oxed{}$		:	
3. Type of Rece	ipt Source (Please use	separate CRO-1250	) forms for each	type of Receipt	Sour	:ce.)		
Interest		ions from Not-for-Profit	Organizations	Outside	Source	es of Income		
4. Contributor				nove				
	ing Address & Phone		b. Not-for-Profit I	Federal ID #	d, C	Comments		
(include city, sta	te, & zip)		-					
LOGA	1 DORAG	Mett.	c. Outside Source	Explanation				
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	line 11a of Detailed Summary line 11b of Detailed Summary			tion)	\$	11	5	