Disaloguma Domont Cover	Ame	nam	ent	/	
Disclosure Report Cover		Ves	V	No	
Use this form for general report and committee information, must be signed and submitted along w	ith o	her	detailed	for	ms

Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number Tom VDYTER MANNIE b. Mailing Address (include City, State and Zip Code) d. Date Filed 7/8/10 2035 Strant CX. Burlytm-NC 27215 336-585-036/ 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 6/30/2010 2010 Domas K MANNERE 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) V Candidate Campaign Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational ■ Independent Expenditure ■ Joint Fundraiser Thirty-five day Pre-referendum Quarterly Legal Expense Fund Pre-primary ☐ Final First 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 Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report ☐ Special Final ☐ Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name c. Account Code b. Purpose c. Account Code Campain d. Period Begin Balance d. Period Begin Balance (3/22 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. Thomas K. MANNONG Signature of Appointed Treasurer FOR OFFICE USE ONLY 7-8-10 Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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 No

Detailed SummaryUse 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 Cleck Bon HANNOW	Serond G	!	V047ER		
Start of Election Cycle: January 1,	2009	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		S 535 22	\$ 218 02		
RECEIPTS		9 3 4) 3 2.70		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1000		
6) Contributions from Individuals	(CRO-1210)	\$ /250 00	\$ 7300 05		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	S		
9) Loan Proceeds	(CRO-1410)	S	S		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	S	S		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.13	S / U.		
11b) Contributions from Not-for-Profit Organization	ons (<i>CRO-1250</i>)	\$	S		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	S		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	s <u>-</u>		
12) TOTAL RECEIPTS (.4dd lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11.	c. 11d and 11e)	\$ 1250 10	\$ 7401		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	s 1713 89	s 7464 50 s 8400		
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	S	s 8400		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	S		
17) In-Kind Contributions	(CRO-1510)	\$ 09	S		
18) TOTAL EXPENDITURES (Add lines 13a-13b, 13c, 14, 1,	5. 16 and 17)	s 1713	8 754825		
19) Cash on Hand at End (lide lines 4 and 12 together, then sub-	tract line 18i	s 71 43	s 7123 V		
ADDITIONAL INFORMATION	r				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S			
21) Outstanding Loans (incl. ones from other campaign	is) (CRO-1430)	S			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	S			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	S		
26) Forgiven Loans	(CRO-1440)	S	\$		
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	S		
28) Contributions to be Refunded	(CRO-1215)	S	S		

Contr	ibutions fro	m Individuals		Pg	of	1	Yes No
Use this	form to report indi	vidual contributions o	ver \$50	or contributions unde	er \$50 if form CR	O 1205 is no	t used
1. Comn	nittee Full Name (and Fund if applical	ole)			2. ID Num	ber
ACTION AND DESCRIPTION OF THE PARTY OF THE P		Elat Tim	MAN			VD 4	47 ER
210000000000000000000000000000000000000	ibutor Informatio			Add Rem	nove		
	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	. 10.1	d. Comments	S
	In Frequent,	ſv.		Prevident/Pr	initys Plates		
	3303 Turtu			c. Employer's Name/Spe	ecific Field		
	Greensbouo,			Roto-Pinto	The	e. Election S	um to Date
	336-85					\$ /0	
f. Prior		,	: In I	/ind Decembring	: Date (mm/dd/m		
I. Frior	g. Account Code	h. Form of Payment	1. 111-1	Kind Description	j. Date (mm/dd/yy		k. Amount
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\Box			-				\$
							\$
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	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	3
	1			Pres. & CEO			
	Allen E. G	aut, Jr.		c. Employer's Name/Spe	ecific Field		
		Davis St. 32		Glen Rave	n, Inc	e. Election Si	um to Date
	Burlington,	NC 27215 226	-2166		tibu/fabric		0000
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
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							\$
3. Contr	ibutor Informatio	on		Add Rem	iove		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3
(include	city, state, & zip)			Financial Advis	ior/Fin Jano	s	
	Wayne R.	White 33	6-	c. Employer's Name/Spe			
	503 Cira	White 33 le Dr. 540 1, NC 2745	9-18	BK. & Americ	a /4071111	e. Election Si	um to Date
	11 1	116 222	1-0	VI DY WAR	Marityka	c. Election St	
f. Prior	g. Account Code			Kind Description	: D-4- (/44/		00 00
	g. Account Code	h. Form of Payment	I. III-N	and Description	j. Date (mm/dd/yy		k. Amount
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	only this Page					\$ /	200
	l of ALL CRO	-1210 Pages Detailed Summary Page Cl	RO-1100)		\$ /	280 00
(2,1110 11111		- Chancu Summing 1 uge Cl	.5 1100	AND DESCRIPTION OF THE PARTY OF			- 6

Amendment

Contributions from Individuals

				Amer	idment	
Pg	2	of	2-		Yes	No

se this form to report individual contributions over	er \$50 or contributions under	S50 if form CRO 1205 is not used
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1. Comm	ittee Full Name (and Fund if applicab	le)				2. ID Num	ber		
Com	mittee to	Elect Ton.	N(AUX	ight.			VD47	IER		
3. Contri	butor Informatio	n		Add [Rem	ove				
a. Full Nan	ne, Mailing Address &	2 Phone		b. Job Title/	Profession (d. Comments	5		
	city, state, & zip)			Ret	hind					
	ohn M.Ghun			c. Employer's Name/Specific Field						
1	140 W. DA	NIT.		ا ا			e. Election St	ım to Date		
1	Purlyta, NC	27215 (73)	b)	MA	L			- 0		
	•	276-1	4843				\$ 19			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	on	j. Date (mm/dd/yy	yy)	k. Amount		
	1	i hacil				6/11/201	•	s 10 .5		
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								S		
3. Contri	butor Informatio	n		Add [Rem	ove				
a. Full Nan	ie, Mailing Address &	: Phone		b. Job Title/	Profession		d. Comments	5		
(include	city, state, & zip)									
				. Caratar an	J. N					
c. Employer's Name/Specific Field										
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4. Total	only this Page						S	50 %		
	5. Total of ALL CRO-1210 Pages									
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Other Rece	ipt Sources		Pg	of	[Yes No
Use this form to	report income not report	ed on another form. i.e. intere	est income,	not for profit c	ontribut	ions etc.
1. Committee Fu	ull Name (and Fund if a	applicable)			2. ID	Number
Con	um. Hee to Elect	Tom MANNUL			V	10 47 ER
3. Type of Recei	ipt Source	(Please use separate CRO-	1250 forms	for each type		
Interest		Contributions from Not-fo	or-Profit Organ			side Sources of Income
4. Contributor l		☐ Add			nove	1.0
	ng Address & Phone		b. Not-fo	r-Profit Federal	D#	d. Comments
(include city, stat						Interit in
	Fidelity Bank	0	c. Outsid	le Source Explana	ition	Traterist in checking account
	2517 S. Church	r 14.				e. Election Sum to Date
	Burligton, NC 336	27215				\$ 00 /01
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd.	/уууу)	j. Amount
)				4/23/201	P	\$ 0.
,	ACH well't					\$
4. Contributor	Information	Add		Rer	nove	
a. Full Name, Maili	ng Address & Phone		b. Not-fo	or-Profit Federal	ID#	d. Comments
(include city, stat	e, & zip)					
			o Outsid	le Source Explan	ation	
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(include city, stat	te, & zip)					
			c. Outsid	de Source Explan	ation	
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						\$
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	line 11a of Detailed Summar		a			\$
(This line goes in		y Page CRO-1100 if Not-for-Profit				

Amendment

													Amendmen	t
Di	sb	urs	eme	ents						Pg	 of	2	☐ Yes	No
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund		Mercen and			2. ID Number			
(1)			120.40200	TOTAL SERVICE	Marie de la companya				
	nuittee to					VD 47 ER			
3. Type of Disb	and the second s	use separate CR		CONTRACTOR OF THE PARTY OF THE PARTY.					
Operating Experience		tributions to Candida	tes/Polition			rdinated Party Expenditures			
4. Payee Inform	ation ailing Address & Pho	one	Ц	Add L	Remove ed Committee Name	d. Comments			
(include city, state,		one		b. Coordinate	ed Committee Name	d. Comments			
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	ance Citizens	in Education	~		stered (Specify)	<u> </u>			
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	•					\$ 2500			
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4. Payee Inforn	nation		П	Add \square	Remove				
	ing Address & Phone				ed Committee Name	d. Comments			
(include city, sta	_								
1	is Media 6	kowa							
Curt	11 Media 0	Apolo		Transport .	stered (Specify)				
	Tower D			Federal State	☐ County: ☐ Municipa	dity: e. Election Sum to Date			
Ruch	L 116 17	2.1		State	ivraincipa				
DOVI	13tm . NC 326-	584-0126				\$ 297 76			
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	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments			
(include city, sta	te, & zip)								
Mel	same Enterpo	we.		T 10 :	1 1/0 16)				
	N. Forth 1			Federal	stered (Specify) County:				
9	STATE OF THE PERSON NAMED IN			State	Municipa	dity: e. Election Sum to Date			
Me	sure, NC 273								
	919-563-35					\$ 2,16 50			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
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					\$				
5. Total only th	is Page					\$ 51926			
	CRO-1310 Pages				46.70				
(Ann.)	line 13a of Detailed Sum	imary Page CRO-11	00 if Ope	rating Expense	es)	c destroy De			
(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 Sum	mary Page CRO-110	00 if Coo	rdinated Party	Expenditures)	1713			
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printii			undraising		Another Candidate			
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses			
O* Other	o detailed evaluant	on in required -	omorle	e field (le)					
Codes requir	e detailed explanati	on in required r	emarks	Held (K)					

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l li	ch	HAROC	COM	On	tc
ועו	SU	uli	sem	CII	13

				Amendment	/
Pg	2	of	2	Yes	No

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

1. Committee F	ull Name (and Fund	if applicable)				2. ID Number			
Com	mittee to E	lect Ton	M	ANNIN	5	VD 47 ER			
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	each type of Disb	pursement.)			
Operating Expo	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADD	ributions to Candida	tes/Politic	cal Committees	. Coo	rdinated Party Expenditures			
4. Payee Inforn	CHAPTER SHOW AND SHOULD BE STORED TO SHOULD BE			Add	Remove				
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments			
(include city, state,	& zip)								
	Alamance New) S		-	stered (Specify)				
Po Po+ +3/ Federal County: State Municipality: e. Election Sum to Date									
Gr	when, NC 272	ality: e. Election Sum to Date							
	336-228-	7851			,	\$ 2877			
f. Account Code		h. Purpose Code	i. Date (j. Amount	k. Required Remarks			
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4. Payee Inforn	nation		П	Add \square	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments			
(include city, star	te, & zip)								
Rus	ligton Times	-1)							
	•	/vews		- brement	stered (Specify)				
Po	Pax 481			Federal County:					
77.7.1	igh, NC 27:	211-0421		L State	☐ Municipa				
pvr	13th, DC 276. 2	- niei				\$ 5600			
f. Account Code	g. Form of Payment	7 - 0131 h. Purpose Code	i Date (nm/dd/yyyy)	li Amount	k. Required Remarks			
I Account Code		Λ			\$ 560 0				
	Clock	H	1/1	4/2013	360	navigues al			
					\$				
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(include city, stat	te, & zip)								
10.	11 - 4:	This							
Van	· Advertacj	1 th		c. Level Regis	stered (Specify)				
3264	Van Dr.			State	County: Municipa	ality: e. Election Sum to Date			
_	7 tn. NC 2721	5		State	L Widinerpa				
3	371-226-					\$ 59p24			
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					2				
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	\$ (24)			
	line 13b of Detailed Sum) 99			
	line 13c of Detailed Sum			distantiva isato servici su	Expenditures)	1113			
	odes (List detailed				2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
A* - Media	B* - Printir			undraising		Another Candidate			
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses			
I - Postage	J - Penaltie	es	K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund			
O* Other	o dotalled and - "	on in page 1	om 1.	Gold (1-)					
Codes requir	e detailed explanati	on in required r	emarks	neia (k)	- LANGUAGE CONTRACTOR OF THE PARTY OF THE PA				