Disclosure Rep							Amendment	□ No
Use this form for gen	neral report and committee	informat	ion, must be	e signed	and sub	omitted along with o	other detaile	ed forms.
CONTRACTOR	to update information							
1. Committee Information a. Full Name	nation						- IDN	
	to at Chil	1	1.				c. ID Nun	AND
Commit	tee to Elect	104	MAN	N/N G	-		VÞ	47 ER
	ide City, State and Zip Code)						d. Date Fi	iled
2025	Strant Ct,						10/	25/10
Rusha	th , NC 2121	1					e. Phone	Number
	price deli						336-	JPJ-0361
2. Report Year	3. Period Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)		ite	5. Treasurer Full	l Name	
2010	7/1/2010		10/15	po 10		Mowar K	K. MAN	20100
6. Type of Committee		9. Typ	e of Report	t (c	heck on	ly one type of repor		
Candidate Campai		Municip			State/C		Referendi	
Independent	Referendum		Organizationa			Organizational	Org	ganizational
Expenditure Legal Expense Fun	☐ Joint Fundraiser	╵	Thirty-five da	у	(	Quarterly	Pre	e-referendum
7. Type of Fund	(if applicable, check one)	ln	Pre-primary			First	Fin	and.
Booster Fund"	10 17	l	Pre-election		lH	Second		pplemental Final
Building Fund			Pre-runoff		V	Third <sup>←</sup>		nual
		_	Semi-annual			Fourth	☐ Spe	ecial
Other:		H	Mid Year Year End			Semi-annual Mid Year	10 C	. 16
		lН	Final		H	Year End	10. Spec	cial Report Name
8. Number of Fundra	aisers this Report		Special		I	Final		
						Special		
11. Account Informa				11. Ac	count I	nformation		Y A
a. Financial Institution Fu				a. Finai	icial Insti	itution Full Name		
b. Purpose	c. Account Code			b. Purp	000			10.1
	directant code			D. Tuip	use		c. Accou	nt Code
Campain	l							
campaign	d. Period Begin Balance						d. Period	d Begin Balance
WCC 0001	\$ 71 43						\$	
CERTIFICATION								
I certify that the Comn	mittee or Fund is in complia	ance with	all applica	ble prov	isions o	of Article 22A, 22B.	& 22D-221	M of Chapter 163 of
the NC General Statute	es and that no funds are co	mmingle	d with proh	ibited or	other n	on-disclosed funds	. I further ce	ertify that this report
is complete, true and c	correct and that I have been was K WANNING	trained	by the NC S	tate Bo	ard of E	lections.	1	1
	Printed Name of Signer		- <u>Si</u>	gnature of	Annointe	ed Tjeasurer	10/20	Data
FOR OFFICE USE ON	ILY			gracero or	търроши	Jedsurer .		Date
Date Received:	10-25-10	]	Employee:		JG		Delivery M	<u>lethod</u> nal Mail
Date Postmarked:			Employee:				Regis	stered Mail I Delivered
Date Scanned:		]	Employee:				Elect	ronically Filed er has not received
Date Data Entered	l:	1	Employee:		Arthur and a second	7 700		latory training
Please Note: This	form cannot be used to amo	end com	mittee inform	mation s	such as t	the committee addre	ess, treasure	r, assistant treasurer.
	custodia	n of bool	ks informati	on, or a	ccount i	nformation.		
Y	You must amend the Staten	ent of C	rganization	(CRO-2	2100A-E	E) to make committee	ee changes.	

CRO-1000

Amendment

# Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if and the state of the state

Amendment

No

Committee to Elect Tom Maxing 2016	<del>'</del>	<del>7 * · · · · · · · · · · · · · · · · · · </del>	VD 47 ER					
Start of Election Cycle: January 1,	209	Total this	Total this					
4) Cash on Hand at Start		Reporting Period  \$ 71.73	Election Cycle  \$ 2/P^{?3}					
RECEIPTS		1						
5) Aggregated Contributions from Individuals	(CRO-1205)	s –	\$ /00 52					
6) Contributions from Individuals	(CRO-1210)	\$ 6000	\$ 79000					
7) Contributions from Political Party Committees	(CRO-1220)	\$ 7653						
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250°	\$ 25000					
9) Loan Proceeds	(CRO-1410)		\$ 1000					
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$					
11) Other Receipt Sources								
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$ / ==					
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$					
11c) Outside Sources of Income	(CRO-1250)	\$	\$					
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$					
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$					
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	ind 11e)	\$ 2615	\$ 10,016					
<u>EXPENDITURES</u>	ı							
13) Disbursements		6 10 - 10						
13a) Operating Expenditures	(CRO-1310)	3 1906 -	\$ 937132					
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ /000	\$ 184 **					
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$					
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$					
15) Loan Repayments	(CRO-1420)	\$	\$					
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$					
17) In-Kind Contributions	(CRO-1510)	\$ 265 78	\$ 265 38					
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 an		\$ 22722	1820 - 1					
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	e 18)	\$ 414 5	\$ 414 55					
ADDITIONAL INFORMATION	Γ		Transition and a writing was the					
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-2200)	\$	\$					
28) Contributions to be Refunded	(CRO-1215)	\$	· ·					

## Contributions from Political Party Committees Use this form to report contributions from a political party Pg / of / Amendment | Yes | No

	'ull Name (and Fund i			2. ID !	Number	
Cor	nmittee to E	lect Tom Manning		V	7 47	ER
3. Contributor		Add F	Remove			
1	ng Address & Phone			b. Comr	nents	
(include city, stat				_		-
	Mamarce C	County Republican Party				
	40 Denni	is Riddell, VP 721 CRP	~/121	c. Electi	on Sum to Da	nte
	Snow Car	County Republican Party is Riddell, VP 336-53P ile Rd. p. UC 27349		\$	76530	<b>p</b>
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y)	h. Amount	
1	Check	-	8/27/4	01=	\$ 500	) <u>6</u> 2
1	inkind	Contributions for ad	9/17/	B10	\$ 260	Bà.
					\$	
3. Contributor I		☐ Add ☐ R	emove			
a. Full Name, Mailin (include city, state				b. Comm	ients	
				c Fleetia	on Sum to Da	to.
					on Suin to Da	<u> </u>
	·			\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	v)	h. Amount	
			ļ		\$ 	
					\$	
0.6					\$	
3. Contributor In a. Full Name, Mailin		Add Re	emove			
(include city, state,			_	b. Comme	ents	
				c. Election	n Sum to Dat	e
				\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	) h	ı. Amount	
					\$	
					\$	
4 70					\$	
4. Total only the				\$	765 28	
	L CRO-1220 Page			\$ -	765 38 765 38	
A mis and must be 0	n line 7 of Detailed Summa	ry rage CRO-1100)			,	

Disclosure Report Cover	Disclosu	re Rep	ort Co	ver
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Amendment

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 Inform	nation				
a. Full Name					c. ID Number
Committe	ee to Test T	on May	11.06		VD 47 ER
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
	Stract Ct.				10/18/2010
Burlingt	m, NT 27215				e. Phone Number
					336-585-0361
	eriod Start Date (mm/dd/		End Date (mm/dd/yy)	5. Treasure	r Full Name
	7/1/2010		11/2010	Thoma	FR K MANNENGE
6. Type of Committe	The state of the s			I	rt from one category)
Candidate Campaign PAC	Party Referendum	Municipal	State/County		Referendum
Toward .	ure Joint Fundraiser	Organizationa		ional	Organizational
Legal Expense Fund		☐ Thirty-five da☐ Pre-primary			Pre-referendum
Legar Expense I und		Pre-election	First Seco	1	Final
7. Type of Fund (	if applicable, check one)	Pre-runoff	Third		Supplemental Final Annual
Booster Fund	y approadic, eneck one)	Semi-annual	Four		Special
☐ Building Fund		Mid Yea			Special
		Year End			10. Special Report Name
Other:		Final	Year	Annual Control of the	10. Special Report Name
8. Number of Fundra	aisers this Report	Special	Final		
			☐ Special		
11. Account Informa	tion		11. Account Inform	nation	
a. Financial Institution Fu			a. Financial Institution		
Fidely	Bak				
b. Purpose	c. Account Cod	e	b. Purpose	1	c. Account Code
CAMPAISH	1		•		
account	d. Period Begin	Ralanca			1 D - 1 1 D - 1 D 1
account	\$ 71 <sup>9</sup>			9	d. Period Begin Balance
	\$ //				\$
CERTIFICATION					
I certify that the Comm	nittee or Fund is in complian	nce with all appli	cable provisions of Art	icle 22A, 22B	& 22D-22M of Chapter 163
of the NC General Stat	utes and that no funds are c	ommingled with	prohibited or other nor	n-disclosed fur	nds. 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	И	/	1) 01		1.1.1
11.	· MANNING		K. Y.		10/8/10
FOR OFFICE USE O	Name of Signer	Sigi	nature of Appointed Treas	urer	Date
FOR OFFICE USE C	INLY IN IS IS		OIT-	_	
Date Received:	10118110	Employ	ee:		<u>very Method</u> Normal Mail
Date Postmarked:		Employ	ee:		Registered Mail Hand Delivered
Date Scanned:		Employ	ee:		Electronically Filed
Date Data Entered	:	Employ	ee:		Signer has not received nandatory training
Please Note: Th	is form cannot be used to	amend commi	ttee information such		
	assistant treasurer, cust	odian of books	information or acco	unt informati	on
You mu	st amend the Statement of	of Organization	(CRO-2100A-E) to	make commit	ttee changes
CD O 1000			(======================================	COIIIIII	nee changes.

CRO-1000

NC State Board of Elections

August 2008

<b>Detailed Summary</b>			Amendment  Yes  No
Use this form to summarize all disclosure reporting forms and			
1. Committee Full Name (and Fund if applicable)	2. Type of	<del></del>	3. ID Number
Committee to Elect In MANYWG	2010/1	hind OL Plus	VD 47 ER
Start of Election Cycle: January 1, 2009	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 714	
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ -	\$ 10000
6) Contributions from Individuals	(CRO-1210)	\$ 60000	\$ 79000
7) Contributions from Political Party Committees	(CRO-1220)	\$ 50000	
8) Contributions from Other Political Committees	(CRO-1230)	- 0	
9) Loan Proceeds	(CRO-1410)	\$ (00000	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	<u>'</u>	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)		\$ / 02
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,			\$ 975102
EXPENDITURES		3-30-0	1,2
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 19068	7 \$ 937137
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 10000	\$ 19400
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)	\$ \ 26535	\$ 265 20xcl C
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 227225	3. 20 QX(1, V.
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 414*7	\$ 414 <sup>57</sup> K
ADDITIONAL INFORMATION		Cexcles is	rkind
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)	\$ /000000	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	Control Supplied Supplied
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)	\$	\$

CRO-1100

NC State Board of Elections

August 2008

Contr	ibutions fro	m Individuals		Pg	) of	1	Amendment Yes V No
				or contributions und	er \$50 if form CR	O 1205 is no	ot used
		(and Fund if applica				2. ID Nur	nber
(	ommittee to	Elect Tom	MAN	NING		VD	+7 ER
3. Contr	idutor informatio	on		Add Rer	nove		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts
(include	city, state, & zip)			Previde X/1	exite Exer		
ĺ	Ernest G.	Fairley		c. Employer's Name/Sp		-	
	1249 Wes.	tbrock Ave	./	CTN	11 12	e. Election S	Sum to Date
	Don, NC	Fairley + bro. R Ave, 23 27244/270	N P	C.T. Nassay	/ textiles		OD (CV)
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/yy	<u>⊥.                                    </u>	k. Amount
	1	Cleck		-	17/26/2	10	\$ 50000
					//		\$
							\$
<u> </u>	ibutor Informatio			Add 🗌 Ren	nove		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	·	d. Comment	is
	city, state, & zip)			retived			
ŀ	Launeth F.	Corbett		c. Emptoyer's Name/Spo	ecific Field	į	
Ø	10 Day 946	336-228	1994				
F	Buelo-to No	27216-0946		NA		e. Election S	um to Date
	3,7,700	21216-8946				\$ /	0000
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount
	/	Clock			8/19/201	0_	\$ 1000
							\$
							\$
	butor Informatio			Add Rem	iove		
	ie, Mailing Address & city, state, & zip)	¿ Phone		b. Job Title/Profession		d. Comment	<u>s</u>
(include)	ing, state, & zip,						
				c. Employer's Name/Spe	ecific Field		
						e. Election S	um to Date
<del></del>						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount
		<del></del>					\$
			-				\$
							\$
	only this Page	- · · · · · · · · · · · · · · · · · · ·				\$	60000
5. Total	of ALL CRO-	1210 Pages				\$	60000
(This line	must be on line 6 of L	Detailed Summary Page Ch	2 <i>0-1100</i> 1			~	6 U U

**Contributions from Individuals** 

#### **Contributions from Political Party Committees**

Pg \_\_\_\_\_ of \_\_\_\_ Amendment \_\_\_\_\_ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)							2. ID	Number	
Commit	Hee to Clear	Tom MANN.	116				V	) 47 ER	
3. Contributor In	nformation		Add		Re	move		, ,	
a. Full Name, Mailing	•						b. Con	nments	
(include city, state,									
Alamo	Dennis Riddell, 1 Dennis Riddell, 1 3 Seale RO.	Ican Party							
70	Devinis Killell,	$\mathcal{J}_{p}$						tion Sum to Date	•
SMM CM	Coup, NC 6	27149	-538 - 11	′2/ ———			\$	JOD 00 (+2653)	<u>(a)</u>
d. Account Code	e. Form of Payment	f. In-Kind Description	on			g. Date (mm/dd/yyy	у)	h. Amount	
1	Clack					8/27/2	۵/ ت	\$ \$ 00 20	
								\$	
								\$	
3. Contributor In	formation		Add		Rer	move			
a. Full Name, Mailing	=				_	<del>.</del>	b. Com	ıments	
(include city, state,	& zip)								
ı							c Elec	tion Sum to Date	
								ROLL SUIN TO DATE	
	·						\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	חמכ			g. Date (mm/dd/yyy	y)	h. Amount	
								\$	
								\$	
								\$	
3. Contributor In			Add		Ren	nove			
a. Full Name, Mailing							b. Com	ments	
(include city, state, d	& zip)								
							c Flect	ion Sum to Date	_
						}	_	1011 Suili to Date	
							\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	n 			g. Date (mm/dd/yyyy	<i>i</i> )	h. Amount	
								\$	
								\$	
	<u>.                                    </u>							\$	
4. Total only th	is Page						\$	1-00	
5. Total of ALI	CRO-1220 Page	 :S						at.	
	t line 7 of Detailed Summa						\$	500 -	

#### Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number VD 3. Contributor Information a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate Referendum Realtors' Rolling Action Countre c. Level Registered (Specify) 40 Burlytin Alamane Co Aray boltes 215 Alamane Rl. Purlytin NC 336-Federal County: Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) Check 3. Contributor Information Add ☐ Remove . Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate PAC Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ 4. Total only this Page 5. Total of ALL CRO-1230 Pages 250 00 (This line must be on line 8 of Detailed Summary Page CRO-1100)

Contributions from Other Political Committees Pg / of /

Amendment

No

☐ Yes

Loan Proceeds			Pg of	1	Amendment  Yes No
Use this form to report proceeds from a loan ar A loan proceeds statement must accompany each	ch loan that is f				
1. Committee Full Name (and Fund if applie			<u>-</u>	<u>  2.</u>	. ID Number
Comunities to Elect Tru	<del></del>				VD 47 ER
3. Lender Information		Add _	Remove	<del>-</del>	
a. Full Name, Mailing Address & Phone (include city, state, & zin)		b. Job Title/		-	. Comments
(include city, state, & zip)  Thomas K. Mandin in		fina	I consilly		loan fin condidate
		T love	· · · · · · · · · · · · · · · · · · ·		Start Date (mm/dd/yyyy)
2035 Strad Ct.			er's Name/Specific Fiel		10/1/2010
Budgety NC 27215		\ \{e	elic english	<u>f.</u> ]	End Date (mm/dd/yyyy)
336-585-0361			<del></del>	L	11/30/6014
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Paymen	t	k. Amount
-0.% Nine		<u> </u>	EFT	<del></del>	\$ /00000
l. Full Name of Lending Institution				<u>m</u> ,	. Loan Number
NA					NA
4. Endorsers/Makers (The people who guarantee	e the loan.)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/	/Profession	c. Emp	loyer's Name/Specific Field
		d. Percentag	%	e. Amou	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/	Profession	c. Empl	loyer's Name/Specific Field
(include city, state, & zip)					
		d. Percentag		e. Amou	ant
a. Full Name, Mailing Address & Phone		b. Job Title/I	%	\$	loyer's Name/Specific Field
(include city, state, & zip)		B. JOB 2	F1 UICSSAUL	С. Ешр.	Oyer's INSIECOPECINE A INC.
		d. Percentag	зе	e. Amou	unt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession	c. Empl	loyer's Name/Specific Field
(include city, state, & zip)		I			
	Ţ	d. Percentage	;e	e. Amou	unt
		ı	%	\$	
5. Total of ALL CRO-1410 Pages				\$	100000
(This line must be on line 9 of Detailed Summary Page	CRO-1100)				/ 5

Other	Receipt Source	S
-------	----------------	---

	1		,	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 F	ull Name (and Fund if	applicable)			2. II	) Number		
Com	Committee to Elect Town MANNING V							
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)								
Interest Contributions from Not-for-Profit Organizations Outside Sources of Income								
4. Contributor	Information		Add Ren	nove				
i i	ing Address & Phone		b. Not-for-Profit F	ederal ID #	d. Co	mments		
(include city, sta	te, & zip)		ļ		コ	literate earnel		
<i>*</i>	4 ' / to /		0.411.0			an dede acet		
7	delity Back		c. Outside Source	Explanation		2		
25	delity Boh	,			e. Ele	ection Sum to Date		
			,			, 02		
	byta DC 2720	336"221-110"	1		\$	/ -		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j	. Amount		
1	Acit audit			7/16/0010		\$ 0. "		
						\$		
4. Contributor	Information		Add Ren	nove				
a. Full Name, Mail	ing Address & Phone		b. Not-for-Profit F	ederal ID #	d. Co	mments		
(include city, stat	te, & zip)					\ <u>-</u>		
			c. Outside Source	Explanation				
					- 171-	ction Sum to Date		
				-	e. Ete	ction sum to Date		
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy)	y) j	. Amount		
						\$		
			ATT			Ψ		
						\$		
4. Contributor	Information	<u>                                     </u>	Add Ren	anna .				
	ing Address & Phone	<u>U</u>	b. Not-for-Profit F		d Co	mments		
(include city, stat	=			cdcrar ID "	u. cu.			
	·							
		!	c. Outside Source l	Explanation				
					e. Ele	ction Sum to Date		
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy)	y) j	. Amount		
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	LL CRO-1250 Page	es						
	line 11a of Detailed Summar		est)		ø			
_	line 11b of Detailed Summar			ion)	\$	<i>ان ي</i>		
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)								

<b>Disbursements</b>	Disb	ursem	ents
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			Amendment	
Pg	 of	1	Yes Yes	No 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 Func	l if applicable)	•			2. ID Number
Commit	tex to Etat	Tom,	4 <sub>ANI</sub>	11216		VD 47 ER
3. Type of Disb		use separate CR				ursement.)
Operating Exp		tributions to Candida	tes/Politic		<del></del>	rdinated Party Expenditures
4. Payee Inform				Add 📙	Remove	
a. Full ivame, wi (include city, state,	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(menue eny, state,	æ zip <i>i</i>					
Alla	make Magaz	wa		l <del></del>	stered (Specify)	
21	7 E. Davi S.	<del>/</del>		Federal State	County:	lity: e. Election Sum to Date
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	ysta NC 272 336 - g. Form of Payment	226 8436				\$ 72315
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (:	nını/dd/yyyy)	j. Amount	k. Required Remarks
/	Check	<u> </u>	9	13/20,0	s 253 12	Messetine abouting
1					S	V
4. Payee Inform	nation	•		Add 🔲	Remove	
	ing Address & Phone	- · · -		b. Coordinate	ed Committee Name	d. Comments
(include city, sta	_	,				
LUBAG				c. Level Regi	stered (Specify)	
745 1	louch Pile Kd	)		Federal	County:	
•				State	☐ Municipa	lity: e. Election Sum to Date
puntitu.	UC 27717 226-1150					\$ 5/3 =
		lin an		L		<u> </u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	nun/dd/yyyy) a <b>h</b> /	J. Amount	k. Required Remarks
<u> </u>	nech	ft.	- 47	48/2010	s 279 20	Radio Ads
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4. Payce Inform	nation			Add 🔲	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
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4	Tower Du	•		Federal	County:	
				State	☐ Municipa	lity: e. Election Sum to Date
Burla	tim, NC 2721	336-184	-026			\$ 163 4
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Required Remarks
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	line 13a of Detailed Sum	mary Page CRO-110	00 if Ope	rating Expense	es)	6 10 - 187
_	line 13b of Detailed Sum					\$ 1906 87
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Cool	dinated Party	Expenditures)	
	odes (List detailed					
A* - Media	B* - Printir			undraising		Another Candidate
E - Salaries I - Postage	F* - Equipi J - Penaltio			itical Party ffice Expen		olding Public Office Expenses onation to Legal Expense Fund
O* Other	J - renaun	. 3	x •0	race ryben	aca Q. • Do	mation to Legal Expense runu
	e detailed explanati	on in required r	<u>emark</u> s	field (k)		

Di	sbursements	
1/1	on a sements	

	_		_	Amendment	
Pg	1	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	d if applicable)				2. ID Number
Canun H	er to Elect	19-6 / (				VD 47 ER
3. Type of Dish		use separate CR				
Operating Exp		tributions to Candida	ites/Politic			rdinated Party Expenditures
4. Payee Inform	nation Tailing Address & Ph			Add 📙	Remove	
(include city, state,	<del>-</del>	one		b. Coordinat	ed Committee Name	d. Comments
		·				
·	ton Timis - N			c. Level Regi	stered (Specify)	
		376.227.0	137	State	= '	dity: e. Election Sum to Date
Budy	m, NC 27216	-0481				\$ 1284 -
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mni/dd/yyyy)	j. Amount	k. Required Remarks
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	check	A	10	14/2010	s 560 1º	naveppe al
4. Payee Inforn				Add 🔲	Remove	
1	ing Address & Phone			b. Coordinat	ed Committee Name	d. Comments
(include city, sta	te, & zip)					
Me bow	e Engerpije			c. Level Regi	stered (Specify)	
	V. Fourth A			Federal	County:	
	NC 2mov			State	Municipa Municipa	lity: e. Election Sum to Date
1 40200		1///				\$ 641 25
f. Account Code	g. Form of Payment		: Data (		I:	, , , , , , , , , , , , , , , , , , , ,
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	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat	-			lor Coordinate	CO COMMITTEE . VAINE	d, comments
	<del></del> -					
				c. Level Regi	stered (Specify)  County:	
				State		lity: e. Election Sum to Date
						\$
f, Account Code	g. Form of Payment	lı. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
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	line 13b of Detailed Sum	- *			•	\$ 1906
-	line 13c of Detailed Sum		-		,	
	odes (List detailed					
A* - Media	B* - Printir			ındraising	<b>D</b> - To A	Another Candidate
E - Salaries	F* - Equipi			itical Party		olding Public Office Expenses
I - Postage	J - Penaltic	es	K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund
O* Other	n dotatical in the ex-			etata zes		
- Coaes reguir	e detailed explanati	on in required r	<u>emarks</u>	неш (к)		

Disbursements	Pg	1	of	1	Amendment Yes	Ū∕ Ño
Use this form to report expenditures from the committee for operating exp						
committees and coordinated party expenditures					•	

1. Committee I	Full Name (and Fun	d if applicable)		-			2. ID Number
Com	mittee to E	lest Ton					VD 47 ER
3. Type of Dist	<del></del>	use separate CR					
Operating Exp		ntributions to Candida	nes/Politic			ordinat	ted Party Expenditures
4. Payee Information			⊔	Add L	Remove		T
E .	failing Address & Ph	one		b. Coordinate	ed Committee Nam	e	d. Comments
(include city, state				1			
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6343 Jnow (	Deale Kd.	۰ ۱ <b>۵۵۰ ب</b> رار ۹	· IILI				\$ 184 80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k,R	equired Remarks
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4. Payee Inform				· · · · · · · · · · · · · · · · · · ·	Remove		
	ling Address & Phone			h. Coordinate	ed Committee Nam	e	d. Comments
(include city, sta	te, & zip)						
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				c. Level Regi	stered (Specify)  County:		
				State		ality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
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4. Payee Inform				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	e	d. Comments
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	line 13a of Detailed Sum	····aru Pana CRO-11i	oo it Oper	-atina Evnence	)	!	, 2)
	line 13b of Detailed Sum					.	\$ /00
	line 13c of Detailed Sum		•			,	;
	odes (List detailed						
A* - Media	B* - Printir			undraising	D - To	Δησί	her Candidate
E - Salaries	F* - Equip	_		itical Party			g Public Office Expenses
I - Postage	J - Penaltic			ffice Expens			on to Legal Expense Fund
O* Other					•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on to began bapense I and
* Codes requir	e detailed explanation	on in required r	emarks	field (k)			

Use this form to report non-monetary contributions, donations, god Use CRO-1215 if In-Kind Contributions were or will be refunded			ne comi	nittee or fund.
1. Committee Full Name (and Fund if applicable)	Within 7 du	<u></u>	2. ID	Number
Committee to Elect Ton Many	N C-	•	\	10 47 ER
	Remove		.,	
a. Full Name, Mailing Address & Phone	b. Type of C		c. Con	aments
(include city, state, & zip)	+ ≒	vidual		
Alanance Court Rondlecan Parts	Part	didate		
GOP N. O'Vell. A.	PAC	=		
Alamance County Repolican Party 608 N. O'Kelly Ave. Elm, NK 27244	Refe	erendum	d. Ele	ction Sum to Date
C/M, M 27244	Othe	er Receipt Source	\$ 6	265 G. K.J) ; 765 (Hotal)
e. Description	•	f. Date (mm/dd/yy	уу)	g. Fair Market Amount
m-Kind Contiles tim for all in Alan	range	9/17/201	o	\$ 265 39
New Voter Guide mailed to 75,000 hour	reholds			\$
				\$
	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	• • • • • • • • • • • • • • • • • • • •	с. Сол	ıments
(include city, state, & zip)	=	vidual didate		
	Part			
	PAC			
	Refe	erendum	d. Elec	tion Sum to Date
	Othe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
				\$
				\$
				\$
	emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of C	iontributor vidual	c. Con	iments
(include city, state, & zip)	=	didate		
	Party			
	PAC			
		rendum	d. Elec	tion Sum to Date
	Othe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
				\$
				\$
				\$ 38
4. Total only this Page		<del></del>	\$	265
5. Total of ALL CRO-1510 Pages  (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	265 38

**In-Kind Contributions** 

Amendment

Yes

Debts and Obligation Use this form to report any ur	•		ittee Pg	Amendment of No n credit card payments.			
1. Committee Full Name (ar				2. ID Number			
Committee I	· Eleck	tom Mw	W126	VD 47 ER			
3. Creditor Information		Add [	Remove				
a. Full Name, Mailing Address & P	'hone		Note: All payments made toward debt	ts should be listed on form CRO-1310 with			
(include city, state, & zip)				ed as this creditor.			
Thomas K. M.	1WW W/L		b. Description of Creditor				
2015 Strad			Candidate lagra	1 6 11			
Bulgton, NC	27215 336	SP5-6361	Caudidette 1884	te committee			
c. Beginning Balance d. Total Amount Paid			e. Total Amount Incurred f. Remaining Balance				
\$ /000 02	\$ -0-		\$	\$ /000 2			
g. Incurred Debts (what the commi	, - <del></del>						
g1. Date (mm/dd/yyyy)	g2. Amount		g1. Date (mm/dd/yyyy)	g2. Amount			
10/1/2010	\$ 1000 00			\$			
g3. Item Description			g3. Item Description				
NA							
g4. Purchase Place Full Name, Mai	ling Address & Phone		g4. Purchase Place Full Name, Mailing	Address & Phone			
(include city, state, & zip)			(include city, state, & zip)				
$\mathcal{N}_{\Lambda_{\overline{c}}}$							
3. Creditor Information		Add [	Remove				
a. Full Name, Mailing Address & P (include city, state, & zip)	hone		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.				
			b. Description of Creditor				
c. Beginning Balance	d. Total Amount Paid		e, Total Amount Incurred	f. Remaining Balance			
\$	\$		\$	\$			
g. Incurred Debts (what the commi	<del></del>		<u> </u>				
g1. Date (mm/dd/yyyy)	g2. Amount		g1. Date (mm/dd/yyyy)	g2. Amount			
	\$			\$			
g3. Item Description			g3. Item Description	<u> </u>			
-4 B	1						
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)			g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)				
(include city, state, & zip)			(include (rty, state, & Zip)				
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(This should be the sum of all iten	n '3f' from this page)			\$ /000~			
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(This line must be an line 22 of De	stailed Summers Page C	PA_1100\		Ψ ′			

### **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.

• 1	Name of committee to receive loan:
	Committee to Elect Tom MANNING
• [	Person lending money to committee (Lender):  Thomas K. MWWW.
• [	Date of loan to committee:
	Name of lending institution and account number (source):
• /	Amount of loan:
	Names of all parties responsible for payment of loan (guarantors):
• F	Period of loan: 61 days  Rate of interest of loan: -0
• F	Rate of interest of loan:
• §	Security pledged for loan: h rec
prov	Thows K. Musuc , acknowledge that all of the information (Person lending money to committee) ided is complete, true, and accurate. I further understand I may not forgive a loan has an outstanding balance to any source.
	Light Wh
Sigr	nature of Lender
	Full D
Sigr	nature of Treasurer of Committee
This	form must be submitted with the disclosure report for which the loan is initially

CRO-6100

disclosed.