| Disclosure Re  | port Cover   |          |                      |          |             |                                  | Amendment No   |  |
|--|--|----------|----------------------|----------|-------------|----------------------------------|--|--|
| Use this form for gen  | neral report and committee                                   | informat | ion, must be         | signed   | and sub     | mitted along with of             |  |  |
| Do not use this form to update information  1. Committee Information |  |          |                      |          |             |                                  |  |  |
| a. Full Name   | mation   |          |                      |          |             |                                  | a ID Number  |  |
| HUGH WEBSTER   | c. ID Number  CD482F   |          |                      |          |             |                                  |  |  |
| CD4021   |  |          |                      |          |             |                                  |  |  |
|  | ude City, State and Zip Code)                                |          |                      |          |             |                                  | d. Date Filed  |  |
| 208 SHADOWBRO  | 10/29/2012   |          |                      |          |             |                                  |  |  |
|  |  |          |                      |          |             |                                  | e. Phone Number  |  |
|  |  |          |                      |          |             |                                  | 336-514-6007   |  |
| 2. Report Year   | 3. Period Start Date (mm/c                                   | ld/yy)   | 4. Period (mm/dd/yy) | End Da   | te          | 5. Treasurer Full                |  |  |
| 2012   | 7-1-2012   | ,        | 10-å                 | 20-2     | 2012        | HUGH WEBSTE                      | ER   |  |
| 6. Type of Committ   |  |          | e of Report          | (0       |             |                                  | t from one category)   |  |
| Candidate Campa  |  | Municip  |                      |          | State/Co    |                                  | Referendum   |  |
| PAC Independent  | Referendum   |          | Organizational       |          |             | Organizational                   | Organizational   |  |
| Expenditure Legal Expense Fu   | Joint Fundraiser   |          | Thirty-five day      | У        |             | Quarterly                        | Pre-referendum   |  |
| 7. Type of Fund  | (if applicable, check one)                                   |          | Pre-primary          |          |             | First                            | Final  |  |
| Booster Fund"  |  |          | Pre-election         |          |             | Second                           | Supplemental Final   |  |
| Building Fund  |  |          | Pre-runoff           |          | X           | Third                            | Annual   |  |
|  |  |          | Semi-annual          |          |             | Fourth                           | Special  |  |
| Other:   |  | lH       | Mid Year<br>Year End |          | ¬ °         | Semi-annual<br>Mid Year          | 10. Special Report Name  |  |
| Culoi.   |  | lΗ       | Final                |          | H           | Year End                         | 10. Special Report Name  |  |
| 8. Number of Funds   | aisers this Report   |          | Special              |          |             | Final                            |  |  |
|  |  |          |                      |          | S           | Special                          |  |  |
| 11. Account Informa  | ation  |          |                      | 11. A    | count I     | nformation                       |  |  |
| a. Financial Institution F   |  |          |                      | a. Fina  | ncial Insti | tution Full Name                 |  |  |
| SUNTRUST BANK  |  |          |                      |          |             |                                  |  |  |
| b. Purpose   | c. Account Code  |          |                      | b. Purp  | ose         |                                  | c. Account Code  |  |
| CHECKING   | 1  |          |                      |          |             |                                  |  |  |
|  | d. Period Begin Balance                                      | 2        |                      |          |             |                                  | d. Period Begin Balance  |  |
|  | \$ 621   |          |                      |          |             |                                  | \$   |  |
| CERTIFICATION  |  |          |                      |          |             |                                  |  |  |
| the NC General Statu   | tes and that no funds are co<br>correct and that I have been | mmingle  | ed with proh         | ibited o | rothern     | on-disclosed funds.<br>lections. | , & 22D-22M of Chapter 163 of<br>Lifurther certify that this report<br>29OCTOBER2012 |  |
|  | Printed Name of Signer                                       |          | - Asi                | gnature  | f Appointe  | ed Treasurer                     | Date   |  |
| FOR OFFICE USE O   | NLY  |          | 1                    | /        |             |                                  |  |  |
| Date Received:   | 10/30/12   |          | Employee:            |          |             | 16                               | Delivery Method Normal Mail  |  |
| Date Postmarked  | l:   |          | Employee:            |          | -           |                                  | <ul><li>☐ Registered Mail</li><li>☐ Hand Delivered</li></ul>                         |  |
| Date Scanned:  |  |          | Employee:            |          |             |                                  | Electronically Filed Signer has not received   |  |
| Date Data Entere   | ed:  |          | Employee:            |          | 1 10        |                                  | mandatory training   |  |
| Please Note: This  |  |          | mittee infor         |          |             |                                  | ess, treasurer, assistant treasurer,   |  |
|  | You must amend the States                                    |          |                      | 70       |             |                                  | tee changes.   |  |

Amendment

Amendment

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information. No

| 1. Committee Full Name (and Fund if applicable)  | 2. Type of Report  |                                       | 3. ID Number              |
|--|--|---------------------------------------|---------------------------|
| HUGH WEBSTER   | QTR  |                                       | CD482F                    |
| Start of Election Cycle: January 1,  | 2009   | Total this<br>Reporting Period        | Total this Election Cycle |
| 4) Cash on Hand at Start   |  | \$ 621                                | \$ 0                      |
| rayonaria esperante de la companya  |  |                                       |                           |
| 5) Aggregated Contributions from Individuals   | (CRO-1205)   | \$ 50                                 | \$ 50                     |
| 6) Contributions from Individuals  | (CRO-1210)   | \$ 750                                | \$ 1707                   |
| 7) Contributions from Political Party Committees   | (CRO-1220)   | \$ 1000                               | \$ 1000                   |
| 8) Contributions from Other Political Committee  | (CRO-1230)   | \$                                    | \$                        |
| 9) Loan Proceeds   | (CRO-1410)   | \$ 1000                               | \$ 2000                   |
| 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 Organi  | izations (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, 11   | b, IIc, IId and IIe)   | \$ 2800                               | \$ 4757                   |
| ANTIANTIMENTAL PROPERTY OF THE | Entropelitarios (librarios opeliticas  | farmista na kantantan aya papa        |                           |
| 13) Disbursements  |  |                                       |                           |
| 13a) Operating Expenditures  | (CRO-1310)   | \$ 2342                               | \$ 3678                   |
| 13b) Contributions to Candidates/Political Con   | nmittees (CRO-1310)  | \$                                    | \$                        |
| 13c) Coordinated Party Expenditures  | (CRO-1310)   | \$                                    | \$                        |
| 4) Aggregated Non-Media Expenditures   | (CRO-1315)   | \$                                    | \$                        |
| 5) Loan Repayments   | (CRO-1420)   | \$                                    | \$                        |
| 6) Refunds/Reimbursements From the Committee   | (CRO-1320)   | \$                                    | \$                        |
| 7) In-Kind Contributions   | (CRO-1510)   | \$                                    | \$                        |
| 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c,  | 14, 15, 16 and 17)   | \$ 2342                               | \$ 3678                   |
| 9) Cash on Hand at End (Add lines 4 and 12 together, ther  | n subtract line 18)  | \$ 1079                               | \$ 1079                   |
| ADD BR(6)% \$4.8 (*) (*) (*) (*) \$4.8 (*) \$4.8 (*)   | in lateral management in the control of the control | kumpi alama awali wa ku               |                           |
| 0) Non-Monetary Gifts Given to Other Committee   | es <i>(CRO-1330)</i>   | \$                                    |                           |
| 1) Outstanding Loans (incl. ones from other camp   | aigns) (CRO-1430)  | \$ 2000                               |                           |
| 2) Debts and Obligations owed By the Committee   | (CRO-1610)   | \$                                    |                           |
| 3) Debts and Obligations owed To the Committee   | (CRO-1620)   | \$                                    |                           |
| 4) Account Transfers Within the Committee  | (CRO-1720)   | \$                                    |                           |
| 5) Administrative Support  | (CRO-1710)   | \$                                    | \$                        |
| 6) Forgiven Loans  | (CRO-1440)   | \$                                    | \$                        |
| 7) 48-Hour Notice Reports Sum  | (CRO-2200)   | \$                                    | \$                        |
| 8) Contributions to be Refunded  |  | \$                                    | \$                        |

## **Aggregated Contributions from Individuals**

Page

| 1 |    | -1 | Amei | ndment |             |    |
|---|----|----|------|--------|-------------|----|
| - | of |    |      | Yes    | $\boxtimes$ | No |

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

|   | mmittee Full Na   | 2. ID              | 2. ID Number       |                           |                        |     |             |
|---|-------------------|--------------------|--------------------|---------------------------|------------------------|-----|-------------|
| HUC   | GH WEBSTER        | CD482F             |                    |                           |                        |     |             |
| 3. Co   | ontributor Inforn | nation             |                    |                           |                        |     |             |
| a. Am   |                   | b. Account<br>Code | c. Form of Payment | d. In-Kind<br>Description | e. Date<br>(mm/dd/yyyy | y)  | f. Amount   |
|   | Add               | 1                  | СК                 |                           | 10/02/20               | 012 | \$ 50       |
| Ц_  | Remove            |                    |                    |                           | 10,02,20               |     | <b>4</b> 20 |
| ⊢   | Add               | -                  |                    |                           |                        |     | \$          |
| H   | Remove            |                    |                    |                           | -                      |     |             |
| H   | Add<br>Remove     | -                  |                    |                           |                        |     | \$          |
| 믐   | Add               |                    | -                  |                           | -                      |     |             |
| H   | Remove            | 1                  |                    |                           |                        |     | \$          |
| Ħ   | Add               |                    |                    |                           | <u> </u>               |     |             |
| Ħ   | Remove            | 1                  |                    |                           |                        |     | \$          |
|   | Add               |                    |                    |                           |                        |     | •           |
|   | Remove            | 1                  |                    |                           |                        |     | \$          |
|   | Add               |                    |                    |                           |                        |     | \$          |
|   | Remove            |                    |                    |                           |                        |     | Φ           |
|   | Add               |                    |                    |                           |                        |     | \$          |
|   | Remove            |                    |                    |                           |                        |     | Ψ           |
| Щ   | Add               | 1                  |                    |                           |                        |     | \$          |
| Ц_  | Remove            |                    |                    |                           |                        |     |             |
| ᆜ   | Add               | 1                  |                    |                           |                        |     | \$          |
| H   | Remove            |                    |                    |                           |                        |     |             |
| Η   | Add               | -                  |                    |                           |                        |     | \$          |
| +   | Remove<br>Add     | -                  |                    |                           | <u> </u>               |     |             |
| +   | Remove            | -                  |                    |                           |                        |     | \$          |
| +   | Add               |                    |                    |                           | -                      |     |             |
| H   | Remove            |                    |                    |                           |                        |     | \$          |
| Ħ   | Add               |                    |                    |                           |                        |     |             |
| Ħ   | Remove            |                    |                    |                           |                        |     | \$          |
|   | Add               |                    |                    |                           |                        |     | Φ.          |
|   | Remove            |                    |                    |                           |                        |     | \$          |
|   | Add               |                    |                    |                           |                        |     | ¢           |
|   | Remove            |                    |                    |                           |                        |     | \$          |
|   | Add               |                    |                    |                           |                        |     | \$          |
|   | Remove            |                    |                    |                           |                        |     | Ψ           |
| <u> </u>  | Add               |                    |                    |                           |                        |     | \$          |
| +   | Remove            |                    |                    |                           |                        |     |             |
| +   | Add<br>Remove     |                    |                    |                           |                        |     | \$          |
| <u> </u>  | Add               |                    |                    |                           | -                      |     |             |
| 屵   | Remove            | -                  |                    |                           |                        |     | \$          |
| +   | Add               |                    |                    |                           |                        |     | 500         |
| H   | Remove            |                    |                    |                           |                        |     | \$          |
| H   | Add               |                    |                    |                           |                        |     |             |
| Ħ   | Remove            |                    |                    |                           |                        |     | \$          |
| 4. To   | otal only this I  | Page               |                    |                           |                        | \$  | 50          |
| 5. To   | otal of ALL C     | RO-1205 P          | ages               |                           |                        | ø   | 50          |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                   |                    |                    |                           |                        | \$  | 50          |

| ~ .  |  |                         |         |                                       | r                   | 1              | Amendment  |      |  |
|--|--|-------------------------|---------|---------------------------------------|---------------------|----------------|------------|------|--|
|  |  | n Individuals           |         | Pg                                    |                     | 1205:          | Yes        | ⊠ No |  |
| The state of the s | Editor and the substitute of the state of the state of | vidual contributions of |         | or contributions und                  | der \$50 if form CR |                |            |      |  |
| 1. Comm  | ittee Full Name (                                      | and Fund if applica     | ble)    |                                       |                     | 2. ID Num      |            |      |  |
| HUGH V   | VEBSTER  |                         |         |                                       |                     |                | CD482F     |      |  |
|  | ibutor Informatio                                      |                         |         |                                       | emove               |                |            |      |  |
|  | ne, Mailing Address &                                  | & Phone                 |         | b. Job Title/Profession               | 1                   | d. Comments    |            |      |  |
|  | city, state, & zip)                                    | 2002 HEDITAGE I         | NIE     | MERCHANT                              |                     |                |            |      |  |
|  | JRLINGTON, NC  | 3082 HERITAGE LA        | AINE,   | c. Employer's Name/S                  | necific Field       | -              |            |      |  |
| ЪС   | KLINGTON, NC   | 27213                   |         | SELF                                  | pecine ricia        |                |            |      |  |
|  |  |                         |         |                                       |                     | e. Election Su | ım to Date |      |  |
|  |  |                         |         |                                       |                     | \$             |            |      |  |
| f. Prior   | g. Account Code  | h. Form of Payment      | i. In-l | Kind Description                      | j. Date (mm/dd/yy   | yy)            | k. Amount  |      |  |
|  | Consequence and otherwise.                             | CK                      |         | A A A A A A A A A A A A A A A A A A A | 08/02/2             |                | \$         | 200  |  |
|  |  |                         |         |                                       |                     |                | \$         |      |  |
|  |  |                         | -       |                                       |                     |                | 6          |      |  |
|  |  |                         |         |                                       |                     |                | \$         |      |  |
| Charles Committee of the Committee   | ibutor Informatio                                      |                         |         |                                       | emove               | Ι              |            |      |  |
|  | ne, Mailing Address &                                  | & Phone                 |         | b. Job Title/Profession               | 1                   | d. Comments    |            |      |  |
|  | city, state, & zip)                                    | UNTRY CLUB DR           |         | SALES                                 |                     |                |            |      |  |
|  | URLINGTON, NO  |                         |         | c. Employer's Name/S                  | pecific Field       | 1              |            |      |  |
|  | ŕ  |                         |         | HIGHWAY WEI                           | GHT MEASURE         |                |            |      |  |
|  |  |                         |         |                                       |                     | e. Election St | ım to Date |      |  |
|  |  |                         |         |                                       |                     | \$             |            |      |  |
| f. Prior   | g. Account Code  | h. Form of Payment      | i. In-l | <br>Kind Description                  | j. Date (mm/dd/yy   | ууу)           | k. Amount  |      |  |
|  |  | CK                      |         |                                       | 10/12/2             | 012            | \$         | 350  |  |
|  |  |                         |         |                                       |                     |                | \$         |      |  |
|  |  |                         |         |                                       |                     |                | \$         |      |  |
| 3. Contr   | ibutor Informatio                                      | )n                      |         | Add Re                                | emove               |                |            |      |  |
| a. Full Nar  | ne, Mailing Address &                                  | & Phone                 |         | b. Job Title/Profession               | 1                   | d. Comments    | ı          |      |  |
|  | city, state, & zip)                                    |                         |         | RETIRED                               |                     |                |            |      |  |
|  | R. BLACKWEL  |                         |         | E                                     | '6 E' 11            | -              |            |      |  |
| YA   | NCEYVILLE, N   | 27379                   |         | c. Employer's Name/S JUDGE            | оресиис в тега      | -              |            |      |  |
|  |  |                         |         | JODGE                                 |                     | e. Election St | um to Date |      |  |
|  |  |                         |         |                                       |                     | \$             |            |      |  |
| f. Prior   | g. Account Code  | h. Form of Payment      | i. In-  | Kind Description                      | j. Date (mm/dd/yy   | /yy)           | k. Amount  |      |  |
|  |  | CK                      |         |                                       | 10/13/2             | 012            | \$         | 200  |  |
|  |  |                         |         |                                       |                     |                | \$         |      |  |
|  |  |                         |         |                                       |                     |                |            |      |  |

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

750

\$

\$

\$

## Contributions from Political Party Committees Pg \_\_\_\_\_ of \_\_\_\_ Amendment \_\_\_\_\_ Yes \_ \infty

Use this form to report contributions from a political party

| 1. Committee Fu      |                            | 2. ID Number           |                        |         |                  |
|----------------------|----------------------------|------------------------|------------------------|---------|------------------|
| HUGH WEBST           | ER                         |                        |                        |         | CD482F           |
| 3. Contributor I     | nformation                 | ☐ Add ☐ Re             | move                   |         |                  |
|                      | ng Address & Phone         |                        |                        | b. Con  | iments           |
| (include city, state |                            | ICE COLDITY            |                        |         |                  |
| C/O ALLEN PA         | PARTY OF ALAMAN            | NCE COUNTY             |                        |         |                  |
| 608 N O'KELLY        |                            |                        |                        | c. Elec | tion Sum to Date |
| ELON, NC 272         |                            |                        |                        | \$      | 1000             |
| d. Account Code      | e. Form of Payment         | f. In-Kind Description | g. Date<br>(mm/dd/yyyy | y)      | h. Amount        |
| 1                    | CK                         |                        | 07/10/20               | 012     | \$ 500           |
| 1                    | СК                         |                        | 09/27/2                | 012     | \$ 500           |
| =                    |                            |                        |                        |         | \$               |
| 3. Contributor I     | nformation                 | ☐ Add ☐ Re             | move                   |         |                  |
| a. Full Name, Mailir |                            |                        |                        | b. Con  | nments           |
| (include city, state | e, & zip)                  |                        |                        |         |                  |
|                      |                            |                        |                        |         |                  |
|                      |                            |                        |                        | c. Elec | tion Sum to Date |
|                      |                            |                        |                        |         | non out to Dute  |
|                      |                            |                        |                        | \$      |                  |
| d. Account Code      | e. Form of Payment         | f. In-Kind Description | g. Date<br>(mm/dd/yyyy | v)      | h. Amount        |
|                      |                            |                        |                        |         | \$               |
|                      |                            |                        |                        |         | \$               |
|                      |                            |                        |                        |         | \$               |
| 3. Contributor I     | nformation                 | ☐ Add ☐ Re             | move                   |         |                  |
| a. Full Name, Mailin |                            |                        |                        | b. Con  | iments           |
| (include city, state | e, & zip)                  |                        |                        |         |                  |
|                      |                            |                        |                        |         |                  |
|                      |                            |                        |                        | c Elec  | tion Sum to Date |
|                      |                            |                        |                        |         | tion Sum to Date |
|                      |                            |                        | g. Date                | \$      |                  |
| d. Account Code      | e. Form of Payment         | f. In-Kind Description | (mm/dd/yyyy            | y)      | h. Amount        |
|                      |                            |                        |                        |         | \$               |
|                      |                            |                        |                        |         | \$               |
|                      |                            |                        |                        |         | \$               |
| 4. Total only        | this Page                  |                        |                        | \$      | 1000             |
|                      | LL CRO-1220 Pag            | es                     |                        | _       | 1000             |
|                      | on line 7 of Detailed Summ |                        |                        | \$      | 1000             |

|   | report expenditures<br>coordinated party ex |  | ee for; operating expe       | nses,                    | contributions to | candidate/political          |
|---|---|--|------------------------------|--------------------------|------------------|------------------------------|
|   | ull Name (and Fun                           | AND RESIDENCE OF THE PARTY OF T |                              |                          |                  | 2. ID Number                 |
| HUGH WEBST                              |   | и п приспыс)   |                              | profession of the second |                  | CD482F                       |
| B. Type of Disb                         |   | se use senarate C  | RO-1310 forms for e          | ach t                    | one of Disbursem | ient.)                       |
| Operating E                             |   |  | ndidates/Political Committee |                          |                  | ordinated Party Expenditures |
| . Payee Inform                          |   |  | Add                          |                          | Remove           |                              |
|   | ing Address & Phone                         |  | b. Coordinated Commi         | ttee Na                  |                  | d. Comments                  |
| nclude city, state,                     |   |  |                              |                          |                  |                              |
| SUNTRUST BA                             |   |  |                              |                          |                  |                              |
| PO BOX 62222                            |   |  | c. Level Registered (Sp      | ecify)                   |                  |                              |
| ORLANDO, FI                             |   |  | Federal                      | X                        | County:          |                              |
| 0,12                                    |   |  | State                        | Ħ                        | Municipality:    | e. Election Sum to Date      |
|   |   |  |                              |                          |                  | \$ 30                        |
| . Account Code                          | g. Form of Payment                          | h. Purpose Code  | i. Date (mm/dd/yyy           | v)                       | j. Amount        | k. Required Remarks          |
|   |   |  |                              |                          |                  |                              |
| 1                                       | DM  | K  | 07/31/2012                   |                          | \$10             |                              |
| 1                                       | DM  | K  |                              |                          | \$               |                              |
| 1. Payee Inform                         | nation                                      |  | Add                          |                          | Remove           |                              |
|   | ing Address & Phone                         |  | b. Coordinated Commi         | ttee Na                  | ame              | d. Comments                  |
| include city, state,                    |   |  |                              |                          |                  |                              |
|   |   |  |                              |                          |                  |                              |
|   |   |  | c. Level Registered (Sp      | ecify)                   |                  |                              |
|   |   |  | Federal                      |                          | County:          |                              |
|   |   |  | State                        |                          | Municipality:    | e. Election Sum to Date      |
|   |   |  |                              |                          |                  | \$                           |
| . Account Code                          | g. Form of Payment                          | h. Purpose Code  | i. Date (mm/dd/yyy           | y)                       | j. Amount        | k. Required Remarks          |
|   |   |  | -                            |                          | \$               |                              |
|   |   |  |                              |                          | \$               |                              |
| 4. Payee Inforn                         | ation                                       |  | Add                          |                          | Remove           |                              |
|   | ing Address & Phone                         |  | b. Coordinated Commi         | ttee Na                  | ame              | d. Comments                  |
| include city, state,                    |   |  |                              |                          |                  |                              |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  | 1                            |                          |                  |                              |
|   |   |  | c. Level Registered (Sp      | ecify)                   |                  |                              |
|   |   |  | Federal                      |                          | County:          |                              |
|   |   |  | State                        |                          | Municipality:    | e. Election Sum to Date      |
|   |   |  |                              |                          |                  | \$                           |
|   |   |  | L <sub>1</sub>               |                          | Т.               |                              |
| . Account Code                          | g. Form of Payment                          | h. Purpose Code  | i. Date (mm/dd/yyy           | y)                       | j. Amount        | k. Required Remarks          |
|   |   |  |                              |                          | \$               |                              |
|   |   |  |                              |                          | \$               |                              |
| 5. Total only th                        | is Page                                     |  |                              |                          | _                | \$ 10                        |
|   | CRO-1310 Pages                              |  |                              |                          |                  |                              |
|   |   | nmary Page CRO-110   | 00 if Operating Expenses)    |                          |                  | ¢ 2242                       |
|   |   |  | 00 if Contrib to Candidates  | /Politic                 | cal Comm)        | \$ 2342                      |
|   |   |  | 0 if Coordinated Party Ex    |                          |                  |                              |
| 7. Purpose Cod                          | les (List detailed ex                       |  |                              |                          |                  |                              |
| A* - Media                              | B* - Printing                               | C* - Fun   | draising                     |                          |                  | her Candidate                |
| E - Salaries                            | F* - Equipment                              |  |                              |                          |                  | g Public Office Expenses     |
| I - Postage                             | J - Penalties                               | K* - Offi  | ce Expenses                  |                          | Q" - Donati      | on to Legal Expense Fund     |
| O* - Other                              | e detailed evalanat                         | ion in required r  | omarks field (k)             |                          |                  |                              |

Pg

**Disbursements** 

Amendment

Yes

No

| D | is   | h | 111 | rs   | en | 16  | n   | ts   |  |
|---|------|---|-----|------|----|-----|-----|------|--|
| _ | II C |   | u I | L NO |    | T C | BB. | LO . |  |

|    | h |    | 4 | Ameno | lment |
|----|---|----|---|-------|-------|
| Pg | 2 | of | 2 |       | Yes   |

 $\boxtimes$ 

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 Fu  | nd if applicable)  |                               |             |  |  | 2. ID Number         |
|-----------------------|--|--------------------|-------------------------------|-------------|--|--|----------------------|
| HUGH WEBS             |  |                    |                               |             |  |  | CD482F               |
| 3. Type of Disl       | Contract of the Contract of th | ase use separate   | CRO-1310 forms for            | r each      | type of Disburs  | ement.)  |                      |
| Operating             | Expenses   | Contributions to C | andidates/Political Com       | nittees     | THE RESERVE THE PERSON NAMED IN COLUMN 2 I | THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN | d Party Expenditures |
| 4. Payee Infor        |  |                    | Add                           |             | Remove   |  |                      |
| a. Full Name, Mai     | ling Address & Phone   |                    | b. Coordinated Cor            | nmittee N   | Vame   | d. Co  | mments               |
| (include city, state  |  |                    |                               |             |  |  |                      |
| WBAG RADIO            |  |                    |                               |             |  |  |                      |
| BURCH BRID            |  |                    | c. Level Registered           | (Specify)   |  |  |                      |
| BURLINGTO             | N, NC 27217  |                    | Federal                       | $\boxtimes$ | County:  |  |                      |
| 336-226-1150          |  |                    | State                         |             | Municipality:  | e. Ele   | ection Sum to Date   |
|                       |  |                    |                               |             |  | 6  |                      |
|                       |  | T. =               |                               |             |  | \$   |                      |
| f. Account Code       | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/y              | ууу)        | j. Amount  | k. Re  | quired Remarks       |
| 1                     | CK   | A                  | 10/08/2012                    |             | \$504  | ADV  | /ERTISING            |
|                       |  |                    | 10/00/2012                    |             | \$304  |  |                      |
|                       |  |                    |                               |             | \$   |  |                      |
| A Dayoo Inform        | nation   |                    | 111                           |             |  |  |                      |
| 4. Payee Inform       | ling Address & Phone   |                    | Add b Coordinated Co-         |             | Remove   | Τ  |                      |
| (include city, state, |  |                    | b. Coordinated Con            | mittee N    | ame  | d. Co  | mments               |
| ALAMANCE 1            |  |                    | -                             |             |  |  |                      |
| PO BOX 431            | ALWS   |                    | - I - ID ' I I                | C 10.       |  |  |                      |
| GRAHAM, NO            | 27253  |                    | c. Level Registered (         |             |  |  |                      |
| 336-228-7851          | , 21233  |                    |                               | $\bowtie$   | County:  |  |                      |
| 330-220-7031          |  |                    | State                         |             | Municipality:  | e. Ele   | ction Sum to Date    |
|                       |  |                    |                               |             |  | \$   |                      |
| f. Account Code       | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/y              | vvv)        | j. Amount  | k. Rec   | juired Remarks       |
| 1                     | CV   |                    |                               | 7337        |  |  | ERTISING             |
| 1                     | CK   | A                  | 10/08/2012                    |             | \$782.   | 112 (  | EKTIOHIO             |
|                       |  |                    |                               |             | 6  |  |                      |
|                       |  |                    |                               |             | \$   |  |                      |
| 4. Payee Inform       |  |                    | Add                           |             | Remove   |  |                      |
|                       | ing Address & Phone  |                    | b. Coordinated Committee Name |             |  | d. Cor   | nments               |
| (include city, state, |  |                    |                               |             |  |  |                      |
| VAN'S ADVER           | RTISING  |                    |                               |             |  |  |                      |
| 3264 VAN DR           |  |                    | c. Level Registered (         | Specify)    |  |  |                      |
| BURLINGTON            | , NC 27215   |                    | Federal                       | $\boxtimes$ | County:  |  |                      |
|                       |  |                    | State                         |             | Municipality:  | e. Elec  | tion Sum to Date     |
|                       |  |                    |                               |             |  | \$ 10  | 639                  |
| f. Account Code       | - F CD   | h Dunness Code     | L                             |             |  | Φ 1  |                      |
| 1. Account Code       | g. Form of Payment   | h. Purpose Code    | i. Date (mm/dd/yy             | уу)         | j. Amount  |  | uired Remarks        |
| 1                     | CK   | В                  | 10/20/2012                    |             | \$1045.61  |  | S PRINT &            |
|                       |  |                    |                               |             | 410.0.01   | FREI   | GHT                  |
|                       |  |                    |                               |             | \$   |  |                      |
| 5. Total only thi     | is Page  |                    |                               |             |  |  |                      |
|                       | CRO-1310 Pages   |                    |                               |             |  | \$   | 2332                 |
|                       | line 13a of Detailed Sum   | mary Page CRO-1100 | ) if Oneratina Evnences       |             |  |  |                      |
| (This line goes in    | line 13b of Detailed Sum   | mary Page CRO-1100 | ) if Contrib to Candidat      | es/Politica | al Comm)   | \$   |                      |
| (This line goes in    | line 13c of Detailed Sum   | mary Page CRO-1100 | ) if Coordinated Party F      | xnenditu    | res)   |  |                      |
|                       | es (List detailed exp  |                    |                               | penutut     |  |  |                      |
| A* - Media            | B* - Printing  | C* - Fund          |                               |             | D - To Anot  | her Condi  | date                 |
| E - Salaries          | F* - Equipment   | G - Politic        |                               |             |  |  | Office Expenses      |
| I - Postage           | J - Penalties  |                    | e Expenses                    |             | Q* - Donati  | on to Leg  | al Expense Fund      |
| O* - Other            |  |                    |                               |             | -  | - 8  |                      |
| Codes require         | e detailed explanation   | on in required re  | marks field (k)               |             |  |  |                      |

|                                  | t proceeds from a loan and loan entent must accompany each loan |                     |                |                            |                            |  |  |
|----------------------------------|---|---------------------|----------------|----------------------------|----------------------------|--|--|
|                                  | nme (and Fund if applicable)                                    | inde is ironi un ma | - I            | 2. ID Numl                 | ID Number                  |  |  |
| HUGH WEBSTER                     | (ч  |                     |                |                            | CD482F                     |  |  |
| 3. Lender Informatio             | n 🗍   | Add                 |                |                            | Remove                     |  |  |
| a. Full Name, Mailing Add        | lress & Phone   | b. Job Title/Profe  | ssion          |                            | d. Comments                |  |  |
| (include city, state, & zi       |   | REGISTER O          | F DEEDS        |                            |                            |  |  |
| HUGH WEBSTER (I                  |   |                     |                |                            |                            |  |  |
| 208 SHADOWBROC<br>BURLINGTON, NC | c. Employer's Na  | mo/Specific Field   |                | e. Start Date (mm/dd/yyyy) |                            |  |  |
| BOKLINGTON, NC                   | ALAMANCE  |                     | <del></del>    | _                          |                            |  |  |
|                                  |   |                     |                | f. End Date (mm/dd/yyyy)   |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
| g. Rate                          | h. Security Pledged   | i. Account Code     | j. Form of Pay | ment                       | k. Amount                  |  |  |
| %                                |   | 1                   | CK             |                            | \$ 1000                    |  |  |
|                                  |   |                     | CK             |                            |                            |  |  |
| 1. Full Name of Lending In       | stitution   |                     |                | m. Loan                    | Number                     |  |  |
|                                  |   |                     |                |                            | 2                          |  |  |
| 4. Endorsers/Makers              | (The people who guarantee t                                     | he loan.)           |                |                            |                            |  |  |
| a. Full Name, Mailing Add        |   | b. Job Title/Pro    | ofession       | c. Emplo                   | oyer's Name/Specific Field |  |  |
| (include city, state, & zi       |   |                     | <del> </del>   | <u> </u>                   | · <del></del>              |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   | d. Percentage       |                | e. Amou                    | nt                         |  |  |
|                                  |   | avi ereennige       |                |                            |                            |  |  |
|                                  |   |                     | 9/             | 6 \$                       |                            |  |  |
| a. Full Name, Mailing Add        |   | b. Job Title/Pro    | ofession       | e. Emple                   | oyer's Name/Specific Field |  |  |
| (include city, state, & zij      | p)  |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   | d. Percentage       | ** .           | e. Amou                    | nt                         |  |  |
|                                  |   |                     | 9,             | 6 \$                       |                            |  |  |
| a. Full Name, Mailing Add        | ress & Phone  | b. Job Titte/Pro    | ofession       | c. Emplo                   | oyer's Name/Specific Field |  |  |
| (include city, state, & zij      | o)  |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   | d. Percentage       |                | e. Amou                    | nt                         |  |  |
|                                  |   |                     | 9/             | 6 <b>\$</b>                |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
| a. Full Name, Mailing Add        |   | b. Job Title/Pro    | ofession       | c. Emple                   | oyer's Name/Specific Field |  |  |
| (include city, state, & zi       | )   |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   |                     |                |                            |                            |  |  |
|                                  |   | d. Percentage       | <del></del>    | e. Amou                    | nt                         |  |  |
|                                  |   |                     | 9/             | 6 <b>\$</b>                |                            |  |  |
| 5. Total of ALL C                | RO-1410 Pages   | ····                |                | <u> </u>                   | 1000                       |  |  |
|                                  | 29 of Detailed Summary Page CRO-110                             | 10)                 |                | \$                         | 1000                       |  |  |

**Loan Proceeds** 

Amendment