Use this form for genera		:c					<u> </u>	Yes
Use this form for genera Do not use this form to use	ndate information	informat	tion, must be	signed	and sub	omitted along with	other o	detailed forms.
1. Committee Informat		. 1943a. 200 E.			de, etc. etc.			
a. Full Name	*** *********************************							m N
Committee to Elect Ton	n Gamble						е.	ID Number
				· · · · · · · · · · · · · · · · · · ·				
b. Mailing Address (include (City, State and Zip Code)						d.	Date Filed
1824 Laurie Drive Haw River, NC 27258								10/31/2016
			13-31-1			igi di	e.]	Phone Number
					i i i i i i i i i i i i i i i i i i i	. b / b		(336)578-3632
2. Report Year 3. P	eriod Start Date (mm/	dd/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Ful	l Nan	1 e
2016	7/01/2016	>	10/22	2/10	6	Robert Thomas (Gambl	le
6. Type of Committee (0	Check One)	9. Тур	e of Report	(c)	heck on	ly one type of repor	t from	i one category)
Candidate Campaign	Party	Munici			State/C	ounty	Re	ferendum
PAC	Referendum		Organizational			Organizational		Organizational
Independent Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	,	(Quarterly		Pre-referendum
A CARLO CONTRACTOR OF STATE OF	applicable, check one)	ln	Pre-primary	-	П	First		Final
Booster Fund"	<u>** </u>	1	Pre-election	-	H	Second	ᅵ片	Supplemental Final
Building Fund		lΠ	Pre-runoff	ĺ	\boxtimes	Third		Annual
			Semi-annual		Ħ	Fourth		Special
_			Mid Year	Ì		Semi-annual		
Other:			Year End			Mid Year	10.	. Special Report Name
			Final			Year End		
8. Number of Fundraise	rs this Report		Special		F	inal		
0						Special	İ	
11. Account Information				11. Ac	count I	nformation		
a. Financial Institution Full N	ame			a. Finan	cial Insti	tution Full Name		
Fidelity Bank of NC								
b. Purpose	c. Account Code	<u>-</u>		b. Purpo	ose	n	c.	. Account Code
Committee	# 1							
	d. Period Begin Balance				10-3	1-16A08:24	S C N D	. Period Begin Balance
	30.75							
	\$ 30.73						\$	
CERTIFICATION I certify that the Committee the NC General Statutes a is complete, true and corre	nd that no funds are co	mmingle	d with prohil	bited or	other n	on-disclosed funds	, & 22 . I furt	2D-22M of Chapter 163 of ther certify that this report
Robert Thomas C					1/10	inversions.	10/31	./2016
	nted Name of Signer		Sig	nature of	Appointe	ed Treasurer	·	Date
FOR OFFICE USE ONLY			·			*		
Date Received:	10/31/16]	Employee:		<u></u>	G	Deliv	<u>ery Method</u> Normal Mail
Date Postmarked:	60]	Employee:	ע	y	- And the special		Registered Mail Hand Delivered
Date Scanned:	11-1-16]	Employee:		<u>U</u>	G		Electronically Filed Signer has not received
Date Data Entered:]	Employee:					mandatory training
	custodia	n of bool	ks informatio	on, or ac	count in	nformation.		easurer, assistant treasurer,
CRO 1000	must amend the Staten	nent of C	rganization (CRO-2	100A-E	s) to make committ	ee cha	anges.

Use this form to summarize all disclosure reporting forms and to	- 4atal manatam	· · C-·····	Yes No
	ype of Report		. ID Number
	Quarter	<u> </u>	. IV Itumovi
	2016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	and the second s	\$ 30.75	\$ 30.75
RECEPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1180.49	\$ 1335.49
7) Contributions from Political Party Committees	(CRO-1220)	\$ 600 ₄ ØØ	\$ 600, 60
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 178049	\$ 1935.49
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.	and 11e)	\$ 1780.49	\$ 1935.49
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1450.32	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1450.32	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 ar		\$ 10450.32	\$ 1164.57
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 770.92	\$ 770.92
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 758.73	
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)	\$	\$

Use this	form to report indi	ividual contributions	over \$5	0 or contributions un	der \$50 if form C	RO 1205 is 1	not used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu		
Committ	tee to Elect Tom G	amble						
	ributor Informatio			Add Re	emove			
	me, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Comme	nts	
	e city, state, & zip)			Retired				
Steve Va 580 Gran						_		
	NC 27253			c. Employer's Name/S				
336-260-				Education Admin	istration	e. Election	Sum to Date	
!		т				\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Ck	ļ		07/21/2	2016	\$	500.00
							\$	
							\$	
	ibutor Informatio			Add Re	emove]
	ne, Mailing Address &	è Phone		b. Job Title/Profession		d. Commer	ıts	
	city, state, & zip)			Retired				
Tom Gam								
1824 Lau				c. Employer's Name/S	pecific Field			
Haw Kive	er, NC 27258					4.		
				1		e. Election	Sum to Date	
336-578-3	3632					\$	285.49	
336-578-3	g. Account Code	h. Form of Payment	i. In-K	and Description	i. Date (mm/dd/y	\$ (YYY)	285.49	
·- ·-·· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y)	ууу)		130.49
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f. Prior	· · · · · · · · · · · · · · · · · · ·		i. In-K	and Description		ууу)	k. Amount	130.49
f. Prior	· · · · · · · · · · · · · · · · · · ·	Ck	i. In-K			ууу)	k. Amount \$	130.49
f. Prior	g. Account Code butor Information Mailing Address &	Ck n	i, In-K		07/21/2 move	ууу)	k. Amount \$ \$ \$	130.49
f. Prior	g. Account Code butor Information e, Mailing Address & city, state, & zip)	Ck n	i. In-K	Add Re	07/21/2 move	yyy) 2016	k. Amount \$ \$ \$	130.49
f. Prior	g. Account Code butor Information e, Mailing Address & city, state, & zip) rson Scott, Jr	Ck n	i. In-K	Add Resolution Retired	07/21/2 move	yyy) 2016	k. Amount \$ \$ \$	130.49
f. Prior	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd	Ck n	i, In-K	Add Report Refired C. Employer's Name/Sp	move	yyy) 2016	k. Amount \$ \$ \$	130.49
f. Prior S. Contril a. Full Nam (include c R. Hender 1400 N Jin	g. Account Code butor Information e, Mailing Address & city, state, & zip) rson Scott, Jr	Ck n	i. In-K	Add Resolution Retired	move	d. Commen	k. Amount \$ \$ \$ \$ tts	130.49
f. Prior	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd	Ck n	i. In-K	Add Report Refired C. Employer's Name/Sp	move	yyy) 2016	k. Amount \$ \$ \$ \$ tts	130.49
f. Prior	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd er, NC 27258	Ck n 2 Phone		Add Reib. Job Title/Profession Retired c. Employer's Name/Sp Business: Manager	move	d. Commen	k. Amount \$ \$ \$ sum to Date 100.00	130.49
f. Prior	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd er, NC 27258	n Phone h. Form of Payment		Add Report Refired C. Employer's Name/Sp	move pecific Field ment j. Date (mm/dd/yy	d. Commen	k. Amount \$ \$ \$ sum to Date	130.49
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f. Prior	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd er, NC 27258	n Phone h. Form of Payment		Add Reib. Job Title/Profession Retired c. Employer's Name/Sp Business: Manager	move pecific Field ment j. Date (mm/dd/yy	d. Commen	k. Amount \$ \$ \$ \$ sum to Date 100.00 k. Amount	
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f. Prior 3. Contril a. Full Nam (include of R. Hender 1400 N Jin Haw River f. Prior 4. Total	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd er, NC 27258 g. Account Code only this Page	n Phone h. Form of Payment Cash		Add Reib. Job Title/Profession Retired c. Employer's Name/Sp Business: Manager	move pecific Field ment j. Date (mm/dd/yy	d. Commen	k. Amount \$ \$ \$ \$ sum to Date 100.00 k. Amount \$	
f. Prior 3. Contril a. Full Nam (include of R. Hender 1400 N Jin Haw River f. Prior 4. Total	g. Account Code butor Information ne, Mailing Address & city, state, & zip) rson Scott, Jr m Minor Rd er, NC 27258 g. Account Code	n Phone h. Form of Payment Cash		Add Reib. Job Title/Profession Retired c. Employer's Name/Sp Business: Manager	move pecific Field ment j. Date (mm/dd/yy	d. Commen c. Election S yyy) 016	k. Amount \$ \$ \$ \$ sum to Date 100.00 k. Amount \$	10000

Contributions from Individuals

Amendment

		(and Fund if applica	able)			2. ID N	umber	
commit	ttee to Elect Tom G	amble						
	tributor Informati			Add 🔲 R	Remove	<u>l</u>		······································
	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	le city, state, & zip)		·	Retired				
	E Gumm				· · · · · · · · · · · · · · · · · · ·			
	Jim Minor Rd NC 27302			c. Employer's Name				
Menane	; NC 2/302			US Navy, Office				·····
336-578	3-5459			Education Admir	nistration	e. Election	Sum to Date	
	, 0 (0)					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd	 /yyyy)	k. Amount	
		Cash			G /02	2/2016	\$	100.
							\$	
							\$	
3. Contr	ributor Informatio	nn .		Add R	emove			η
	me, Mailing Address &			b. Job Title/Professio		4 Camma		
	e city, state, & zip)	~1		Business Owner	<u>n</u>	d. Comme	nts	
William	C (Bill) Scott			Duomioso Citilo				
	NC Hwy 119			c. Employer's Name/S	Specific Field			
Mebane,				Alamance Foods				
-D-7	- 375- 1	500				e. Election	Sum to Date	
126				· ·				
336						\$	100.00	
336 f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/		100.00 k. Amount	
·	·	F	i. In-K	Kind Description	j. Date (mm/dd/ 09/14	/yyyy)		100.0
·	·	h. Form of Payment	i, In-K	Kind Description		/yyyy)	k. Amount	100.0
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f. Prior	g. Account Code	h. Form of Payment Cash	i. In-K			/yyyy)	k. Amount \$	100.
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f. Prior	g. Account Code ibutor Informatio me, Mailing Address & city, state, & zip)	h. Form of Payment Cash		Add □ Re	09/14	/yyyy) /2016	k. Amount \$ \$ \$	100.
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f. Prior	g. Account Code ibutor Informatio me, Mailing Address & city, state, & zip) Byrd om NC 27215	h. Form of Payment Cash n Phone		Add Reb. Job Title/Profession County Commissi c. Employer's Name/S Alamance County	emove n oner	d. Commer	k. Amount \$ \$ \$ sum to Date 100.00	100.
f. Prior	g. Account Code ibutor Informatio me, Mailing Address & city, state, & zip) Byrd	h. Form of Payment Cash Phone h. Form of Payment		Add Reb. Job Title/Profession County Commissi c. Employer's Name/S	pecific Field j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ sum to Date 100.00 k. Amount	
f. Prior	g. Account Code ibutor Informatio me, Mailing Address & city, state, & zip) Byrd om NC 27215	h. Form of Payment Cash n Phone		Add Reb. Job Title/Profession County Commissi c. Employer's Name/S Alamance County	emove n oner	d. Commer	k. Amount \$ \$ \$ sum to Date 100.00	
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f. Prior	g. Account Code ibutor Informatio me, Mailing Address & city, state, & zip) Byrd om NC 27215	h. Form of Payment Cash Phone h. Form of Payment		Add Reb. Job Title/Profession County Commissi c. Employer's Name/S Alamance County	pecific Field j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ \$ sum to Date 100.00 k. Amount \$	
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Contributions from Individuals

Amendment

Use this	form to report ind	ividual contributions of	over \$50	or contributions und	der \$50 if form CR	O 1205 is no	ot used		
1. Committee Full Name (and Fund if applicable)							2. ID Number		
Committ	tee to Elect Tom G	iamble						-	
· · · · · · · · · · · · · · · · · · ·	ibutor Informatio			Add 🗌 Re	move	1			
	me, Mailing Address	& Phone		b. Job Title/Profession	l	d. Comment	is		
	city, state, & zip) R. Dempsey			President					
3395 Air				c. Employer's Name/S	nacific Field	-			
	t NC 28374			C. Employer S Ivamers	Pecific riciu	1			
				Sum pi 15	Commun, To	e. Election S	um to Date	•	
				Sandhills College		\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount		
		Ck	<u> </u>		10/13/2	016	\$	150.00	
						= ·· 	\$	· · · · · · · · · · · · · · · · · · ·	
							\$		
3. Contri	ibutor Informatio)n		Add Rei	move			· , ,,	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S		
(include	city, state, & zip)								
				c. Employer's Name/Sp	acific Field	<u> </u>			
				C. Employer S Name/of	ecuic field				
						e. Election S	um to Date		
			,						
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy		k. Amount		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy		k. Amount		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy		· · · · · · · · · · · · · · · · · · ·		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy		\$		
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3. Contri	ibutor Informatio	on.	i. In-K				\$ \$ \$		
3. Contri	ibutor Informatio	on.	i. Jn-K	Add Rer		l yyy)	\$ \$ \$		
3. Contri	ibutor Informatio	on.	i. Jn-K	Add Rer	move	l yyy)	\$ \$ \$		
3. Contri	ibutor Informatio	on.	i. In-K	Add Rer	move	l yyy)	\$ \$ \$		
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3. Contri	ibutor Informatio	on.	i. Jn-K	Add Rer	move	d. Comments	\$ \$		
3. Contri	ibutor Informatio	on.		Add Rer	move	d. Comments e. Election St	\$ \$		
3. Contri a. Full Nam (include o	ibutor Informatio ne, Mailing Address & city, state, & zip)	on & Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove recific Field	d. Comments e. Election St	\$ \$ \$ \$ sum to Date		
3. Contri a. Full Nam (include o	ibutor Informatio ne, Mailing Address & city, state, & zip)	on & Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove recific Field	d. Comments e. Election St	\$ \$ \$ um to Date		
3. Contri a. Full Nam (include o	ibutor Informatio ne, Mailing Address & city, state, & zip)	on & Phone		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove recific Field	d. Comments e. Election St	\$ \$ \$ s um to Date k. Amount		
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f. Prior d. Language of the control	ibutor Informatio ne, Mailing Address & city, state, & zip)	b. Form of Payment		Add Rer b. Job Title/Profession c. Employer's Name/Sp	nove recific Field	d. Comments e. Election St \$	\$ \$ \$ \$ s um to Date k. Amount \$	150.00 1180.49	

Contributions from Individuals

Amendment

1. Committee Fu Committee to Ele	ull Name (and Fund i	f applicable)						2. II	Numl	oer	
Commuce to Ex	ect Iom Gamble										
3. Contributor I				Add		Re	move				
a. Full Name, Mailin							•	b. Co	mments		
(include city, state		· · · · · · · · · · · · · · · · · · ·					····				
PO Box ilo 6 7811	y of Alamance County Irlington, NC 27216	,									
(336) 2 22-2025	Illigion, 110 2/210							o Fla	ction Su	to De	
226-50	005								CHOII Sui	П 10 Da	te
							· ₁ ·	\$	·		····
d. Account Code	e. Form of Payment	f. In-Kind Des	scription				g. Date (mm/dd/yyy	yy)	h. An	nount	
	CK			· · · · · · · · · · · · · · · · · · ·			08/14/2	2016	\$	300.	00
									\$		
·									\$		
3. Contributor In	Iformation			Add		Rer	nove		.1		
a. Full Name, Mailing								b. Cor	nments		
(include city, state,											
	nen of Alamance Coun Burlington, NC 27216										
		J						c Elec	ction Sun	r to Dai	
336-22	k-5005								300.0		<u>.e</u>
		· · · · · · · · · · · · · · · · · · ·						\$	200	,,,	
d. Account Code	e. Form of Payment	f. In-Kind Des	cription				g. Date (mm/dd/yyy	y)	h. Am	ount	
	ck						07/25/2	016	\$	300.0)0
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									\$		
3. Contributor In]	Add		Ren	nove		<u>.l.,</u>	T	
a. Full Name, Mailing								b. Con	ıments	L	
(include city, state,	& zip)										
								c. Elect	tion Sum	to Date	
		Т			····	·		\$,		
d. Account Code	e. Form of Payment	f. In-Kind Desc	eription				g. Date (mm/dd/yyyy	<i>'</i>)	h. Am	ount	
									\$		
									\$		
	I								\$		
4. Total only th	is Page							\$	600.0	0	
5. Total of ALL	CRO-1220 Page	·S									
	ı line 7 of Detailed Summaı		0)					\$	600.0	0	

Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg 4 of 6 Yes

Use this form committees ar	to report expenditure	s from the commi	ttee for; operating	expenses	or s, contributions t	o candidate/political
	Full Name (and Fu					2 TD N
	Elect Tom Gamble	ad if applicable)				2. ID Number
3. Type of Dis		ase use senarate	CRO-1310 forms	for anale	ting of Dighyan	
	g Expenses	Contributions to C	andidates/Political Con	mmittees		Coordinated Party Expenditures
4. Payee Info			Add	Immittees	Remove	Coordinated Party Expenditures
	ailing Address & Phone	<u>-</u>	b. Coordinated C	ommittee N		d. Comments
(include city, stat			b. Coordinated C	ommittee r	Name	d. Comments
Markell Print			-			
71 🗗 East Davis St	reet		c. Level Registere	d (Specific)		
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3,	5		State	님	•	Election Co. A. D. A.
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Committees and coordinated party expenditures.	Use this form t	to report expenditure	es from the commi	ttee for; operating e	Pg expenses	of $\underline{\varphi}$ of φ , contributions to	O candidate/political
Committee to Elect Tom Gamble							
3. Type of Disbursement Please use separate CRO-1310 forms for each type of Disbursement.			пи и аррисавіе)				2. ID Number
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a. Full Name, Mailing Address & Phone (include city, state, & zhp) Office Depot (\$7.25 \times Cardit Card Card			Control to Ca		mittees		Coordinated Party Expenditures
Georgia city, star, & 24p County Fodoral Fodoral County Fodoral Fodo			<u> </u>				
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