Amendment **Disclosure Report Cover** ☐ Yes Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information. 1. Committee Information c. ID Number a. Full Name d. Date Filed b. Mailing Address (include City, State and Zip Code) e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2015 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) Candidate Campaign Referendum Party Municipal State/County Organizational Organizational Referendum Organizational ☐ Independent Expenditure ☐ Joint Fundraiser Thirty-five day Quarterly Pre-referendum Final Legal Expense Fund Pre-primary First Supplemental Final Pre-election Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Special Semi-annual Fourth Building Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Final Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name c. Account Code b. Purpose c. Account Code b. Purpose Committee d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

CRO-1000

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

August 2008

Detailed Summary

Amendment ☐ Yes ☐ No Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Total this Total this 2012 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start () \$ RECEIPTS 5) Aggregated Contributions from Individuals \$ (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) 155 \$ \$ 7) Contributions from Political Party Committees (CRO-1220)8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds \$ (CRO-1410) 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)\$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 55 \$ EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 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) \$ **18) TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 05 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 \$ 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) 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

28) Contributions to be Refunded

(CRO-2220)

(CRO-1215)

\$

\$

\$

1. Committee Full Name (and Fund if applicable)	RO 1205 is not used	
	2. ID Number	
Committee to Elect Tom Gamble		
3. Contributor Information Add Remove		
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d. Comments	
(include city, state, & zip) Refired	candidate	
Robert Thomas Gamble c. Employer's Name/Specific Field 1824 Lacerie Brive Retired Haw River, NC 27258	Candida le	
1824 Lawrie Brive Retired	e. Election Sum to Date	
Haw River, NC 27258	s 155	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yy	yy) k. Amount	
12/21/1	5 \$ 105	
12/29/1	5 \$ 50	
	\$	
3. Contributor Information		
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d. Comments	
(include city, state, & zip)		
c. Employer's Name/Specific Field	_	
C. Employer's Tame/Specific Field		
	e. Election Sum to Date	
	\$	
	<u> </u>	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yy	y) k. Amount	
	yy) k. Amount	
	yy) k. Amount \$	
	\$	
	\$	
	\$	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
□ □ □ □ □ □ □ Add □ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) □ b. Job Title/Profession	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
3. Contributor Information a. Full Name, Mailing Address & Phone D. Add Remove b. Job Title/Profession	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
□ □ □ □ □ □ □ Add □ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) □ b. Job Title/Profession	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
□ □ □ □ □ □ Add □ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) □ b. Job Title/Profession	\$ \$ \$ d. Comments	
□ □ □ □ □ □ Add □ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) □ b. Job Title/Profession	\$ \$ d. Comments e. Election Sum to Date \$	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field	\$ \$ d. Comments e. Election Sum to Date \$	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yy	\$ \$ d. Comments e. Election Sum to Date \$ ryy) k. Amount	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yy	s s s d. Comments e. Election Sum to Date s vyy) k. Amount \$	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yy	\$ \$ \$ d. Comments e. Election Sum to Date \$ (yy) k. Amount \$	

Contributions from Individuals

Amendment

☐ No

☐ Yes

	report expenditures f		ee for of	perating exp	enses, contribute	ons to candidate/	ронцеат
	ull Name (and Fund					2. ID Numb	er
1. A.M. 193 (1971) A. M. L. H. M.	.ttee to		Ton	1 Ga	mble		
3. Type of Disb		use separate CR				ursement.)	
Operating Expe		ributions to Candida				rdinated Party Expen	ditures
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mailing Address & Phone				b. Coordinate	ed Committee Name	d. Comments	
(include city, state,	& zip)						
Alamana	ce Cty Bo	and of E	boot	2775	1 (0 18.)		
Manana	e cig No	ara or	12.0	c. Level Regis	County:	·-	
				State	Municipa	lity: e. Election Su	m to Date
						1.7	_
						\$ 10	5
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remai	rks
	check		12/	21/15	\$ 105	Filing	tee
				· · / + - / ·	\$		
4. Payee Inforn	nation			Add	Remove		SEL SELECTIVE
A Design of the control of the contr	ing Address & Phone			and the second s	ed Committee Name	d. Comments	
(include city, stat		ž.					
				c. Level Regi	stered (Specify)		
		•		Federal	County:		(D.4.
				State	Municipa	dity: e. Election Su	m to Date
1						\$	
						i	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	l mm/dd/yyyy)	j. Amount	k. Required Rema	rks
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	· · · · · · · · · · · · · · · · · · ·	k. Required Rema	rks
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	l/dd/yyyy)	\$	k. Required Rema	rks
		h. Purpose Code	i. Date (1		\$ \$	k. Required Rema	rks
4. Payee Inforn	nation	h. Purpose Code	i. Date (1	Add 🔲	\$ \$ Remove		
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add 🔲	\$ \$		
4. Payee Inforn	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add 🔲	\$ \$ Remove		
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add	\$ Remove ed Committee Nam		
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add	\$ Remove ed Committee Name		
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add b. Coordinat	\$ Remove ed Committee Nam stered (Specify) County:		
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code	i. Date (1	Add b. Coordinat	\$ Remove ed Committee Nam stered (Specify) County:	e d. Comments ality: e. Election Su	
4. Payee Inforn a. Full Name, Mail (include city, sta	nation ing Address & Phone te, & zip)			Add D b. Coordinat c. Level Regi Federal State	Remove ed Committee Nam istered (Specify) County: Municip	e d. Comments ality: e. Election Su	nm to Date
4. Payee Inforn a. Full Name, Mail	nation ing Address & Phone	h. Purpose Code		Add b. Coordinat	\$ Remove ed Committee Nam stered (Specify) County: Municip j. Amount	e d. Comments ality: e. Election Su	nm to Date
4. Payee Inforn a. Full Name, Mail (include city, sta	nation ing Address & Phone te, & zip)			Add D b. Coordinat c. Level Regi Federal State	Remove ed Committee Nam istered (Specify) County: Municip	e d. Comments ality: e. Election Su	nm to Date
4. Payee Inforn a. Full Name, Mail (include city, sta	nation ing Address & Phone te, & zip)			Add D b. Coordinat c. Level Regi Federal State	\$ Remove ed Committee Nam stered (Specify) County: Municip j. Amount	e d. Comments ality: e. Election Su	nm to Date
4, Payee Inforn a. Full Name, Mail (include city, sta	nation ing Address & Phone te, & zip) g. Form of Payment			Add D b. Coordinat c. Level Regi Federal State	\$ Remove ed Committee Nam istered (Specify) County: Municip j. Amount	e d. Comments ality: e. Election Su	nm to Date
4. Payee Inform a. Full Name, Mail (include city, sta f. Account Code	nation ing Address & Phone te, & zip) g. Form of Payment is Page			Add D b. Coordinat c. Level Regi Federal State	\$ Remove ed Committee Nam istered (Specify) County: Municip j. Amount	e d. Comments ality: e. Election Su \$ k. Required Rema	um to Date
4. Payee Inform a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI	g. Form of Payment uis Page	h, Purpose Code	i. Date (Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy)	\$ Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$	e d. Comments ality: e. Election St \$ k. Required Rema	um to Date
4. Payee Inform a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in	nation ing Address & Phone te, & zip) g. Form of Payment is Page	h. Purpose Code	i. Date (Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy)	\$ Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$ \$	e d. Comments ality: e. Election Su \$ k. Required Rema \$	um to Date
4. Payee Inform a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in	g. Form of Payment us Page 7 CRO-1310 Pages	h. Purpose Code mary Page CRO-11 mary Page CRO-11	i. Date (Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy)	\$ Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$ \$ atomic part of the committee of the county of the coun	e d. Comments ality: e. Election Su \$ k. Required Rema \$	um to Date
4. Payee Informa. Full Name, Mail (include city, state) f. Account Code 5. Total only the football of ALI (This line goes in (g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sunt ine 13b of Detailed Sunt ine 15b of Detailed Sunt in	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11	i. Date (Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy) rating Expension of the condinated Party	Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$ ses) lates/Political Comm or Expenditures)	e d. Comments ality: e. Election Su \$ k. Required Rema \$ 1	nm to Date
4. Payee Informa. Full Name, Mail (include city, state) f. Account Code 5. Total only the football of ALI (This line goes in (g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sunt line 13c of Detailed Sunt l	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11 expenditure cod	i. Date (100 if Ope 100 if Con 100 if Coo e in (h.) C* - F	Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy) crating Expensitib to Candial ordinated Party above) undraising	\$ Remove ed Committee Name stered (Specify) County: Municip j. Amount \$ \$ ares D - To	e d. Comments ality: e. Election Su \$ k. Required Rema \$ 1) Another Candid	um to Date
4. Payee Informa. Full Name, Mail (include city, state) f. Account Code 5. Total only the G. Total of ALI (This line goes in (This line goes in (This line goes in This line goes in This line goes in Section 1. Purpose CA* - Media E - Salaries	g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun line 13c - Printi F* - Equip	h. Purpose Code mary Page CRO-11 mary Page CRO-11 expenditure cod ng ment	i. Date (100 if Ope 100 if Con 100 if Con 100 if Con C* - F G - Po	Add b. Coordinate c. Level Regit	Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$ ses) dates/Political Comm of Expenditures)	e d. Comments ality: e. Election Su \$ k. Required Rema \$ Another Candid Iolding Public Comments	arks DS ate Office Expenses
4. Payee Informa. Full Name, Mail (include city, state of the city) of the city of the cit	g. Form of Payment is Page it ine 13a of Detailed Sunt ine 13c of Deta	h. Purpose Code mary Page CRO-11 mary Page CRO-11 expenditure cod ng ment	i. Date (100 if Ope 100 if Con 100 if Con 100 if Con C* - F G - Po	Add b. Coordinat c. Level Regi Federal State mm/dd/yyyy) crating Expensitib to Candial ordinated Party above) undraising	Remove ed Committee Nam stered (Specify) County: Municip j. Amount \$ ses) dates/Political Comm of Expenditures)	e d. Comments ality: e. Election Su \$ k. Required Rema \$ Another Candid Iolding Public Comments	um to Date

Disbursements

Amendment

Yes