Disclosure Re	eport Cover				Amendment					
Use this form for ge	eneral report and committee	information, must b	e signed and su	I bmitted along with o	Yes No					
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										
a. Full Name					c. ID Number					
Friends of Alan Nor	rman									
b. Mailing Address (incl	lude City, State and Zip Code)									
568 Oak Grove/Clo					d. Date Filed					
Lawndale, NC 2809					07/23/08					
					e. Phone Number					
					704-538-1465					
2. Report Year	3. Period Start Date (mm/c	(dd/yy) 4. Period (mm/dd/yy)	l End Date	5. Treasurer Full						
2008	04/28/08		6/30/08	Gina Spangler						
6. Type of Committe	ee (Check One)	9. Type of Report	t (check or	l  nly one type of report	from one category)					
Candidate Campaign	Party	Municipal	State/C		Referendum					
Joint Fundraiser	PAC	Organizationa		Organizational	Organizational					
Referendum	Legal Expense Fund	Thirty-five day		Quarterly	Organizational Pre-referendum					
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final					
"Booster Fund" Building Fund		Pre-election		Second	Supplemental Final					
	ion Year Candidates Fund	Pre-runoff Semi-annual		Third	Annual					
	aign Financing Fund	Semi-annual Mid Year	ar L	Fourth Semi-annual	Special					
Other:		Year End		Mid Year	10. Special Report Name					
		Final		Year End	10. Special Report Plante					
8. Number of Fundr	aisers this Report	Special		Final						
	0	1		Special						
11. Account Informa			11. Account I	Information						
a. Financial Institution Fu	all Name			itution Full Name						
BB&T	-									
b. Purpose campaign	c. Account Code		b. Purpose		c. Account Code					
finance	01									
	d. Period Begin Balance				d. Period Begin Balance					
	\$ 2000.00									
CERTIFICATION					\$					
I certify that the Comr NC General Statutes a complete, true and cor Gina Spangle	rrect and that I have been tra er  Printed Name of Signer	rained by the NC Stat	ed or other non-	disclosed funds. I fur ctions according to N	& 22D-22M of Chapter 163 if the rether certify that this report is I.C.G.S. 163-278.7(f).					
FOR OFFICE USE (	4440		· MJ							
Date Received:	AUG 12008	Employee:	ERO		Delivery Method  Normal Mail					
Date Postmarked:		Employee:			Registered Mail Hand Delivered					
Date Scanned:		Employee:		L	Electronically Filed Signer has not received					
Date Data Entered	1:	Employee:			mandatory training					
	s form cannot be used to am custodia You must amend the Staten	an of books informat	tion, or account	information.	ess, treasurer, assistant treasurer,					

Aint	nument		
	Yes	$\boxtimes$	No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)

2. Type of Report

1. Committee Full Name (and Fund if applicable)	rt 3. ID Number			
Friends of Alan Norman	Semi-Annual			
	Mid-Year	Total this	Total this	
Start of Election Cycle: January 1,	2008	Reporting Perio		
4) Cash on Hand at Start		\$ 2000.00	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 2800.00	\$ 4800.00	
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 Organization	ions (CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc and 11d)	\$ 2800.00	\$ 4800.00	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Commi	ttees (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, 1	15, 16 and 17)	\$ 0	\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	btract line 18)	\$ 4800.00	\$ 4800.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	ns) (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)	\$	\$	
27) Contributions to be refunded	\$	\$		

		n Individuals vidual contributions o	vor \$50	or cont	ributions	Pg	_1 of \$50 if form CR	2 0 1205 is n		nent Ves No	
		and Fund if applical		or cont	ioutions	under	450 H IOIII CIC	2. ID Nu			
	f Alan Norman	ани гини и аррисах	,,,,,								
3. Contri	butor Informatio	on		Add		Remo	ove				
	a. Full Name, Mailing Address & Phone				Title/Profes	ssion		d. Commer	nts		
(include o	city, state, & zip)			Home	health w	vorker					
Dana Kay	/										
PO Box 4					oyer's Nar		rific Field				
	ton Heights Dr.			Home	health a	gency		a Floation	Sum to Date		
ransion,	NC 28042							e. Election Sum to Date \$ 1000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Desc	ription		j. Date (mm/dd/yy	yy)	k. Amou	nt	
	01	check					05/07/2	008	\$	1000.00	
									\$		
									\$		
3. Contri	butor Informatio	on		Add		Remo	ove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession d.			d. Commer	d. Comments			
	city, state, & zip)			mech	anic						
James Gr 1717 Sne	_			a Empl	avanta Nan		ific Field	-			
Shelby, N				mech	oyer's Nar	ne/Spec	mic Field	-			
Silcioy, 1	C 20150							e. Election Sum to Date			
								\$	600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Desci	ription		j. Date (mm/dd/yy	yy)	k. Amou	nt	
	01	check					06/20/20	800	\$	600.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Remo	ove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job	itle/Profes	ssion		d. Commen	its		
	rity, state, & zip)			retired	i						
Norris Se											
	ah School Rd.				oyer's Nan	ne/Spec	ific Field				
Casar, NO	28020			retired	1			e Flection	Sum to Date		
· '											
f. Prior	g. Account Code	h. Form of Payment	: In I	find Dosor			: Data ( /dd/	\$	500.00		
1.11101			1. III-N	and Desci	ipuon	-	j. Date (mm/dd/yy		k. Amou		
	01	check					05/27/20	008	\$	500.00	
									\$		
4 75 :	1 41 5								\$		
4. Total	only this Page	2						\$		2100.00	

5. Total of ALL CRO-1210 Pages

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

2800,

\$

Amendment

Co	ntrib	ution	s fron	n Ind	ivid	1119	le
V . (1)	mirin	mmon	SILLOU	n ma	IVIU	lua	13

Contributions from Individuals	Pg	_2	of	2		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contri	butions under	\$50 if for	m CRO	1205 is no	ot used			

1. Comm	ittee Full Name (	and Fund if applical	ble)					2. ID Nu	mber		
Friends o	f Alan Norman										
3. Contri	butor Informatio	n		Add		Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Pro	fession		d. Commen	its		
(include o	city, state, & zip)			salesn	nan						
Tim Powe	ell										
227 Oak	Grove/Clover Hill	Church Rd.		c. Empl	oyer's N	ame/Spc	ecific Field				
Lawndale	e, NC 28090			sales							
								e. Election	Sum to Dat	e	
								\$	200.00	)	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descr	ription		j. Date (mm/dd/yy	yyy)	k. Amo	unt	
	01	check					05/21/2	800	\$	200.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	iove				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job T	itle/Pro	fession		d. Commen	its		
(include c	eity, state, & zip)			busine	ess own	ier					
Max Devi	iney										
	estown Rd.			c. Empl	oyer's N	ame/Spe	cific Field				
Casar, NO	C 28020			business owner- Deviney's							
				Salvage			e. Election Sum to Date				
								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	01	check					06/14/2	800	\$	500.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Commen	ts		
(include c	ity, state, & zip)										
				Б. 1		10					
				c. Emple	oyer's Na	ime/Spe	cific Field				
								e. Election S	Sum to Date		
								C. Election S	oun to Date		
								\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amou	int	
									\$		
									\$		
									\$		
	only this Page							\$		700.00	
	of ALL CRO-							\$		2800.00	
(This line		etailed Summary Page Ch	RO-1100)							200000	