Do not use this form	neral report and committee i to update information	nformation, must be	signed and sub	1	Amendment  Yes No her detailed forms.		
1. Committee Infor	mation						
a. Full Name Friends of Alan Nor	rman				c. ID Number		
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed		
568 Oak Grove/Clo	ver Hill Church Rd.				01/02/09		
Lawndale, NC 2809	0				01/02/07		
					e. Phone Number		
					704-538-1465		
2. Report Year	3. Period Start Date (mm/e	4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name		
2008	07/01/08	12/	/31/08	Gina Spangler			
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)		
Candidate  Campaign	Party	Municipal	State/C	ounty	Referendum		
Joint Fundraiser	PAC	Organizational		Organizational	Organizational		
Referendum	Legal Expense Fund	Thirty-five day	7	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund  Bresidential Elect	V C 1:1-1 F 1	Pre-runoff		Third	Annual		
	ion Year Candidates Fund aign Financing Fund	Semi-annual Mid Year			Special		
Other:	aigh Fhiancing Fund	Year End			10. Special Report Name		
Galar.		Final			10. Special report frame		
8. Number of Fund	raisers this Report	Special		Final			
	0			Special			
11. Account Inform			11. Account 1	Information			
a. Financial Institution I				itution Full Name			
BB&T							
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
campaign	01	L					
finance	d. Period Begin Balance	e			d. Period Begin Balance		
	\$ 4800.00				S		
CERTIFICATION		2 - 78					
NC General Statutes	and that no funds are commorrect and that I have been the	ningled with prohibit rained by the NC Sta	ed or other non- te Board of Ele	disclosed funds. I for ctions according to 1	01/02/09		
EOD CHECK	Printed Name of Signer	Si	ignature of Appoint	ted Treakurer	Date		
FOR OFFICE USE	ONLY			10			
Date Received:	JAN 0 2 2009	Employee:		<u> </u>	Delivery Method Normal Mail		
Date Postmarked: Employ					Registered Mail Hand Delivered		
Date Scanned:	des a se a Commindado de Associación	Employee:			☐ Electronically Filed ☐ Signer has not received		
Date Data Enter	ed:	Employee:	Select Trans		mandatory training		
Please Note: Th		mend committee info			ress, treasurer, assistant treasurer,		

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

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

Exicade of Alan Narman	Sami Annual	3.	. ID Number
Friends of Alan Norman	Semi-Annual Year End		
Start of Election Cycle: January 1,	2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4800.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 6400.00	\$ 11200.00
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 Organizati	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, 11a)	lc and 11d)	\$ 6400.00	\$ 11200.00
EXPENDITURES			
13) Disbursements		The state of the s	Total Control of the
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-	htract line 18)	\$ 11200.00	\$ 11200.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$	Property of the Control of the Control
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	The second second second
24) Account Transfers Within the Committee	(CRO-1720)	\$	PARTY AND A TRANSPORT OF THE
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
27) Contributions to be refunded	(CRO-1215)	\$	\$

		m Individuals	0.5	0		eg 1 of		Amendm		
		ividual contributions of (and Fund if applica		or contr	ibutions ur	ider \$50 if form CR	2. ID Nu	The second secon		
	f Alan Norman	(and rund ii applica	Die)				2. ID Nu	mber		
3. Contri	butor Information	on		Add	R	emove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Profession	on	d. Commer	nts		
(include	city, state, & zip)			Busine	ess Owner					
Robert D	eviney									
	en Valley Rd.					Specific Field				
Casar, NC 28020-8746			Busins	s Owner						
						e. Election	Sum to Date			
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption	j. Date (mm/dd/y	yyy)	k. Amoun	t	
	01	Check				07/25/2	2008	\$	500.00	
								\$		
		1	-			-				
								\$		
	butor Informatio			Add	A STATE OF THE REAL PROPERTY.	emove				
	ne, Mailing Address of city, state, & zip)	& Phone		Retired	itle/Professio	on	d. Comments			
Roger W				Ketilet	1					
	insula Ave.			c. Emplo	ver's Name/	Specific Field	1			
Shelby, N	IC 28150			Retired	The second second second	•	7			
							e. Election	Sum to Date		
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption	j. Date (mm/dd/yy	yyy)	k. Amoun	t	
	01	Check				11/18/2	800	\$	500.00	
								\$		
								\$		
3. Contri	butor Informatio	on		Add	R	emove				
	e, Mailing Address &	& Phone		b. Job Title/Profession		n	d. Commen	nts		
	ity, state, & zip)		RETURNED IN	Business Owner						
Jim Rose 1838 Fair	viou Dd			. Fl	1 N 6	G TO 11	-			
PO Box 6					ss Owner	Specific Field	1			
	C 28151-0006			Dusine	SS OWIICI		e. Election			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount		
	01	Check				12/10/2	008	\$	100.00	
								\$		
								\$		
	only this Page						\$		1100.00	
5. Total	of ALL CRO	-1210 Pages							6400.00	

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

6400.00

\$

~				w w	
( 'On	tribi	Itions	trom	Individ	male
V.UII			11 1/111	RINGRIVE	Juais

				Ame			
Pg	_2	of	3		Yes	$\boxtimes$	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name (	and Fund if applica	ble)		4		object modern and full	2. ID Nui	mber		
Friends o	f Alan Norman										
3. Contri	butor Informatio	n		Add		Rem	iove			AND DESCRIPTION OF THE PERSON NAMED IN	
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession				d. Commen	its		
	city, state, & zip)			Mechanic							
James Gra	_										
1717 Sne					1071	me/Spe	ecific Field				
Shelby, N	IC 28150			Mecha	anic			E1 41	G D .		
								e. Election	Sum to Dat	te	
								\$	2000.0	00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	and Descr	ription		j. Date (mm/dd/yy	yyy)	k. Amo	unt	
	01	Check					11/26/2	800	\$	1400.00	
	01	Check					06/20/2	2008	\$	600.00	
									\$		
3. Contri	butor Informatio	on		Add	П	Rem	nove	Major Personal Long Par		same for or stronger	
a. Full Nam	ne, Mailing Address &	& Phone		b. Job T	Title/Prof	1 1 1 1 1 1 1		d. Commen	ts		
(include c	rity, state, & zip)			Salesr	nan						
Larry Dooley											
14 Heritage Lane					oyer's Na	me/Spe	ecific Field				
Shelby, N	C 28150-9713			Sales							
							e. Election Sum to Date				
								\$	100.00	)	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amo	unt	
	01	Check					12/10/2	008	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Profession				d. Comments			
	ity, state, & zip)			Busine	ess Owi	ner					
Joseph M											
1517 Airp				c. Employer's Name/Specific Field		cific Field					
Shelby, N	C 28150			Business Owner		ier		Election (	D .		
							e. Election S	sum to Dat	e		
								\$	1000.0	00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amo	unt	
	01	Check					12/10/20	800	\$	1000.00	
									\$		
									\$		
	only this Page						相信一种	\$		2500.00	
	of ALL CRO-							\$		6400.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						ne washing a	-				

									Amendm	ent
		m Individuals				Pg		of3_		es 🛛 No
_		ividual contributions		0 or contr	ibution	s unde	r \$50 if form C			
		(and Fund if applica	ble)					2. ID Nu	mber	
Friends of	of Alan Norman									
3. Contr	ibutor Informati	on		Add		Rem	ove			
	me, Mailing Address	& Phone		b. Job T				d. Comme	nts	
	city, state, & zip)			Busine	ess Ow	ner				
	Larry Fox 104 Hidden Cove Dr.			c. Emplo	ver's N	ame/Spe	cific Field			
Shelby, NC 28150			Busine							
								e. Election	Sum to Date	
								\$	700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descri	iption		j. Date (mm/dd/	уууу)	k. Amour	nt
	01	Check					12/10/	/2008	\$	700.00
									\$	
									\$	
3. Contr	ibutor Information	on		Add		Rem	ove	Cara Ci		
a. Full Na	me, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Comme	nts	
	city, state, & zip)			Busine	ss Ow	ner				
Lisa Poa				- FI-	NT	10	. P. 11	_		
	1409 Stonegate Dr. Shelby, NC 28150			c. Employer's Name/Specific Field Business Owner						
								e. Election	At. Un	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/	уууу)	k. Amour	nt
	01	Check					12/10/	2008	\$	100.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	ove			
	me, Mailing Address	& Phone		b. Job Title/Profession				d. Commer	nts	
Annette	city, state, & zip)			Busine	ss Owi	ner				
	dham Cove			e Emplo	ver's No	me/Sne	cific Field			
Cherryville, NC 28021				Busine		-	Cinc Field	-		
								e. Election	Sum to Date	
								\$	2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/	yyyy)	k. Amoun	it
	01	Check					12/12/	2008	\$	1000.00
	01	Check					12/12	/2008	\$	1000.00
									\$	

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)

6400.00

2800.00

\$

\$