**Disclosure Report Cover** 

Amendment

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

Do not use this form to		Design Breeze		
1. Committee Informati	ion	THE KILL	JEIVEL	
a. Full Name				c. ID Number
FRIENDS OF ALAN 1	NORMAN	0	CT 27 2014	QBC-115
b. Mailing Address (incl	ude City, State and Zi	p Code)	FLECTIO	d. Date Filed
568 OAK GROVE/CL LAWNDALE, NC 280		AD CLEVELAN	BY 10 27	10/26/2014
LAWINDALL, INC 200	090	I HVIE 101		e. Phone Number
				(704) 538-1465
2. Report Year 3. Perio	od Start Date (mm/dd/	yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer Full Name
2014	07/01/2014			KRISTEN BENTON HAMRICK
6. Type of Committee (C	Check One)	9. Type of Repor	t (check only one	type of report from one category)
	☐ Party	Municipal	State/County	Referendum
	☐ PAC	Organization	onal Organization	nal Organizational
	Legal Expense Fund	Thirty-five	e day Quarterly	☐ Pre-referendum
	pplicable, check one)	Pre-primar	ry First	Final
Booster Fund"		Pre-election	on Second	☐ Supplemental Final
Building Fund		Pre-runoff	Third	☐ Annual
Presidential Election Y		Semi-annua	al Fourth	☐ Special
■ NC Public Campaign Fin	nancing Fund	Mid Y	ear Semi-annual	
		Year F	End Mid Yea	10. Special Report Name
Other:		Final	Year En	
8. Number of Fundraise	rs this Report	Special Special	☐ Final	
0			☐ Special	
3. Account Information			3. Account Information	on
. Financial Institution F	ull Name		a. Financial Institution	
BB&T				
o. Purpose	c. Account Cod	le	b. Purpose	c. Account Code
CAMPAIGN FINANCI	R			C. Actount Code
		01		
	d. Period Begin	Balance		d. Period Begin Balance
	\$	60,239.35		S
CERTIFICATION			POLICE SERVICE	
I certify that the Comm	nittee or Fund is in co	mpliance with all a	applicable provisions of	of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC	General Statutes and	that no funds are	commingled with proh	ibited or other non-disclosed
funds. I further certify	that this report is co	mplete, true and c	orrect and that I have I	been trained by the NC State Board
V D		2:3	2 -1	7 . ,
DYISTEN D	enton Humma ne of Signer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Denton Heature of Appointed Treas	10/26/2014 Date
OR OFFICE USE ONL	Υ	, (		
Date Received:	CM	10/27/14 Emplo	yee:	Delivery Method  Normal Mail
Date Postmarked:		Emplo	yee:	Registered Mail Hand Delivered
				Tand Denvered
Date Scanned:		Employ	yee:	☐ Electronically Filed

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.

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

OCT 272014

**Detailed Summary** 

Amendment

☐ Yes X 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 3. ID Number FRIENDS OF ALAN NORMAN 2014 Third Quarter OBC-115--Start of Election Cycle: January 1, Total this Total this 2011 Reporting Period **Election Cycle** 4) Cash on Hand at Start 60,239.35 4.955.02 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 75.00 14,133.00 6) Contributions from Individuals (CRO-1210) 4,650.00 \$ 63,736.00 7) Contributions from Political Party Committees (CRO-1220) \$ 0.00 \$ 0.00 8) Contributions from Other Political Committees (CRO-1230) 500.00 500.00 9) Loan Proceeds (CRO-1410) \$ \$ 0.00 4,000.00 (0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 470.00 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 0.00 11c) Outside Sources of Income (CRO-1250) \$ \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 0.00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 5,225.00 82,839.00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 8,279.98 26,139.65 13b) Contributions to Candidates/Political Committees (CRO-1310)\$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 21.33 21.33 15) Loan Repayments (CRO-1420) 0.00 \$ 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) 0.00 4,470.00 17) In-Kind Contributions (CRO-1510) \$ 2,200.00 2,200.00 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 10,501.31 32,830.98 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 54,963.04 \$ 54,963.04 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 4,000.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 24) Account Transfers Within the Committee (CRO-1720) 0.00 25) Administrative Support (CRO-1710) 0.00 0.00 26) Forgiven Loans (CRO-1440) 0.00 \$ 0.00 27) 48-Hour Notice Reports Sum (CRO-2220) 0.00 \$ 0.00 28) Contributions to be Refunded (CRO-1215) \$ 0.00 0.00

April 2007

Aggregated Contributions from Individuals Amendment Page 1 of 1 ☐ Yes X No Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number FRIENDS OF ALAN NORMAN GBC-115 3. Contributor Information a. Amend b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add Check 10/08/2014 Remove \$ 50.00 Add 01 Check 10/13/2014 ☐ Remove \$ 25.00 4. Total only this Page \$ \$75.00 5. Total of ALL CRO-1205 Pages \$ (This line must be on line 5 of Detailed Summary Page CRO-1100) \$75.00 CRO-1205 NC State Board of Elections

## **Contributions from Individuals**

Amendment Pg 1 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		e (and Fund if applica	ble)			2.	ID Num	ber
FRIE	NDS OF ALAN 1	NORMAN					DBC	
	tributor Informa			Add 🗆	Remove			
	Name, Mailing A			b. Job Title		d.	Commer	nts
(incl	ude city, state, &	zip)		OWNER				
	D C BEAM							
	E DIXON BLVD				's Name/Specific Field			
SHEL	BY, NC 28152			HONDA N	MOTORSPORTS		FI	G
						e. I	Election	Sum to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	7)	k. Amo	unt
	01	Check			09/03/2014		\$	300.00
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	ributor Informat			Add 🔲 I	Remove			
	Name, Mailing Ad			b. Job Title/	Profession	d. (	Commen	ts
	ade city, state, &	zip)		OWNER				
	D M BEAM			-				
	DUNTRY CLUB	CT			's Name/Specific Field			
SHELI	BY, NC 28150			QUALITY	INN CO	. 1	74: (	Sum to Date
						e. E	gection :	sum to Date
						\$		250.00
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(inclu	de city, state, & z	ip)		OWNER				
	E BOWEN							
	DIXON BLVD				s Name/Specific Field			
SHELE	BY, NC 28150			CRASH BO	DDY SHOP	. 10	T4! 6	Sum to Date
						e. E	lection S	oum to Date
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4. Tota	al only this Pa	ge				\$	Ψ	1,150,00
		0-1210 Pages				D		1,150.00
		6 of Detailed Summary 1	Page CRO-1100)			\$		4,650.00

## OCT 272014

		rom Individua		ontribution	Pg 2 of s under \$50 if form CRO	5	Amenda Yes	No.
1. Con	mittee Full Name	e (and Fund if applica	ble)	contribution	s under \$50 if form CRO	The Park Street	THE RESERVE TO STATE OF THE PARTY.	
	NDS OF ALAN N		DEC)			2.	ID Numb	er
	tributor Informat			Add	Remove			
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	ude city, state, & a	zip)		OWNER				
	SA BROOKS					_		
	FONEY POINT I				r's Name/Specific Field			
KING	S MOUNTAIN, 1	NC 28086		TOMS FA	AMILY MART		El anti an 6	Sum to Date
						e.	mection S	sum to Date
						\$		850.00
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(incl	ide city, state, & z	ip)		RETIRED				
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	LUMNS CIRCLE	Ξ			r's Name/Specific Field			
SHELL	BY, NC 28150			Education	al Services			
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	de city, state, & zi			b. Job Title	Profession	d. (	comment	S
		(P)		LAWYER				
	CERWIN DEKALB STREE	T		c. Employer	's Name/Specific Field			
	Y, NC 28150	.1				-		
	20150			CERWIN	LAW FIRM	e. F	lection S	um to Date
						\$		600.00
. Prior		h. Form of Payment	i. In-Kind Des		j. Date (mm/dd/yyyy	)	k. Amoui	nt
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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)

4,650.00

900.00

\$

\$

\$

**Contributions from Individuals** 

39 !	•			Amendm	ent
Pg	3	of	5_	☐ Yes	X No

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

1. Com	mittee Full Name	(and Fund if applical	ole)			2.	ID Number	u .
FRIEN	IDS OF ALAN N	ORMAN						
3. Conf	tributor Informati	ion		Add $\square$	Remove		26C11	5
	Name, Mailing Ad				/Profession	14	Comments	
	ude city, state, & z			OWNER	71 1010351011	a.	Comments	
ANN I	DEATON			OWNER				
609 S	WASHINGTON	STREET		c. Employer	r's Name/Specific Field			
SHELI	BY, NC 28150			DEATON	LAW FIRM			
						e. ]	Election Sur	n to Date
						\$		120.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy		k. Amount	
X	01	Check			10/22/2012	,	\$	20.00
	01	Check			09/04/2014		\$	100.00
							\$	
3. Cont	ributor Informati	On .		Add 🔲	Remove			
	Name, Mailing Add			b. Job Title		14.0	Comments	
	ide city, state, & z			OWNER	11010331011	u. v	onuncitis	
MIKE	ELMORE			OWNER				
508 BE	LWOOD LAWN	DALE ROAD		c. Employer	's Name/Specific Field			
LAWN	DALE, NC 2809	90		ELMORES	S FEED & SEED			
						e. I	lection Sun	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
	01	Check			09/03/2014		\$	100.00
							\$	
							\$	
3. Conti	ributor Informatio	on		Add 🔲 I	Remove			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/		d. (	comments	
(inclu	de city, state, & zi	p)		RETIRED				
	ER GRIGG			-				
	MAIN STREET				's Name/Specific Field	4		
LAWN	DALE, NC 2809	0		CMC		e F	lection Sum	to Data
							ection sun	to Date
						\$		100.00
		h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	01	Check			09/14/2014		\$	100.00
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	l only this Pag	AND DESCRIPTION OF THE PARTY OF				\$		300.00
	nl of ALL CRC	0-1210 Pages of Detailed Summary P	age CRO-1100)			\$		4,650.00
THE RESERVED IN COLUMN	THE RESERVE TO SHARE THE PARTY OF THE PARTY	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM						

Contributions from Individuals

Amendment

4 5 ☐ Yes X No of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) FRIENDS OF ALAN NORMAN OBC115 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER ROBIN HENDRICK c. Employer's Name/Specific Field 1241 E DIXON BLVD SHELBY, NC 28150 HENDRICK'S APPLIANCE e. Election Sum to Date 1.000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 01 **EAST MARION STREET** 09/01/2014 \$ 1,000.00 BILLBOARD \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OWNER ROY JAYNES** c. Employer's Name/Specific Field 106 SILVERADO DR GROVER, NC 28073 DEERBROOK e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 01 09/17/2014 \$ 300.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LAWYER ROBERT LUTZ c. Employer's Name/Specific Field 106 PEBBLE BEACH DR KINGS MOUNTAIN, NC 28086 **LUTZ LAW FIRM** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 01 08/04/2014 \$ 100.00 \$ \$ 4. Total only this Page 1,400.00 \$ 5. Total of ALL CRO-1210 Pages

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

\$

## **Contributions from Individuals**

Use this	s form to report in	ndividual contribution	s over \$50 or co	ontributions 1	under \$50 if form CRC			used
	DS OF ALAN N	(and Fund if applicab	le)			2.	ID Num	iber
						9	QBC	115
	ributor Informati				Remove			
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	ide city, state, & z	.1р)		OWNER				
	H PATEL			o Employer	s Name/Specific Field			
	DIXON BLVD BY, NC 28152				-			
SHILL	)1, NC 20132			ECONO LO	DDGE	e.	Flection	Sum to Date
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	de city, state, & z	ip)		OWNER				
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						\$		900.00
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	01	Check			09/16/2014		\$	200.00
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CASAK	R, NC 28020			HICKORY (	CHAIR	2 I	Jection	Sum to Date
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5. Tota	of ALL CRO	<b>D-1210 Pages</b>						
(This lin	ne must be on line (	6 of Detailed Summary P	age CRO-1100)			\$		4,650.00

OCT 272014

Contributi	ions from Othe	er Political (	Committees	Pg 1 of	1	Amendment  Yes No
	report contributions					
	ull Name (and Fund if				2. ID	Number
FRIENDS OF	ALAN NORMAN				Q	BC115
3. Contributor			Add	Remove		A CONTROL STREET
	ailing Address & Phon	e	b. Type of Comn	nittee	d. Co	mments
(include city, s	TATES POLICE BE	NEVOLENT	☐ Candidate ☐ Referendum	X PAC		
ASSOCIATIO		, L V OLLIVI	c. Level Register	red (Specify)		
2155 GEORGI	A 42		☐ Federal	County:	1	
MCDONOUGI			☐ State	Municipality:	e. Ele	ction Sum to Date
(770) 389-5391			TOWN OF BL	ACK MOUNTAIN	\$	500.00
f. Account Code	g. Form of Payment	h. In-Kind Descr	iption	i. Date (mm/dd/y	ууу) ј	. Amount
01	Check			10/02/2014		\$ 500.00
						\$
						\$
4. Total only thi	s Page				\$	\$500.00
	CRO-1230 Pages be on line 8 of Detailed S	Summary Page CRO-	1100)		\$	\$500.00
CRO-1230		NC Stat	te Board of Elections			April 2007

April 2007

DISTURBLE	Dis	bı	ır	se	m	en	ts
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				Amendm	ent
Pg	_1_	of	5_	☐ Yes	X No

Disbursements

OCT 2 7 2014

Pg \_1 of \_5 Yes Ves this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund	if applicable)		YE TOWN		2. ID Nur	mber
	ALAN NORMAN					QBC	:115
3. Type of Disb			0-1310 forms for each		urseme	nt.)	
Operating Ex		ributions to Candida	tes/Political Committee	cs Co	ordinate	ed Party Ex	penditures
4. Payee Inform			☐ Add ☐	Remove			
	ailing Address & Ph	one	b. Coordinat	ed Committee N	lame	d. Comme	ents
(include city, sta							
	TING & MAILING		- T I D - 1	1 1/0 10			
PO BOX 1178	20151		Federal	stered (Specify)			
SHELBY, NC			State	County		. III	n Sum to Date
(704) 484-1685	)		State	Numer	panty.	e. Election	1 Sum to Date
						\$	1,876.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Red	quired Rea	marks
01	Check	В	09/08/2014	\$ 1,596.00	DOO		
01	Check	В		-,			AGNETS/HA
01	CHECK	ь	09/23/2014	\$ 280.00			
4. Payee Inform	ation		□ Add □	D	HAN	GERS/M	AGNETS/HA
	ailing Address & Pho	one		Remove ed Committee N	- I	d. Comme	
(include city, sta		one	ii. Coordinate	ed Committee N	ame	u. Comme	ints
	COUNTY FAIR, IN	IC.					
	ARION STREET		c. Level Regi	stered (Specify)	. 112 11		
SHELBY, NC			☐ Federal	County	:		
(704) 487-0651			☐ State	☐ Municip	pality:	e. Election	Sum to Date
		-				\$	500.00
	g. Form of Payment			j. Amount	k. Req	uired Ren	narks
01	Check	AO	09/25/2014	\$ 50.00	FEN(	CE RENT	AL
01	Check	0	10/01/2014	\$ 450.00	VENI	DOR SPA	CE
4. Payee Inform			☐ Add ☐	Remove			
	ailing Address & Pho	one	b. Coordinate	ed Committee N	ame (	d. Comme	nts
(include city, sta							
WENDY COBE							-
2706 MELTON			Telepina .	stered (Specify)			
SHELBY, NC			☐ Federal ☐ State	County:		Ti	C D .
(704) 300-9896			State	Municip	anty:	. Election	Sum to Date
						\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Reg	uired Ren	narks
01	Check	В	09/26/2014	\$ 250.00	MAIL		
			3723/2311	\$	1417 (11	LIG	
5. Total only this	s Page					\$	2,626.00
6. Total of ALL	CRO-1310 Pages						2,020.00
	n line 13a of Detailed Si	ummarv Page CRO-	1100 if Operating Fyne	mses)			- 1
	n line 13b of Detailed Si				omm)	\$	7,071.14
(This line goes in	n line 13c of Detailed Si	ummary Page CRO-	1100 if Coordinated Pa	rty Expenditures)	Julia		- 1
THE RESIDENCE OF THE PARTY OF T	des (List detailed	the state of the s	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN				
A* - Media	B* - Printing		C* - Fundraising	D - To	Anothe	er Candida	ata
E - Salaries	F* - Equipme		G - Political Party				fice Expenses
- Postage	J - Penalties		K* - Office Expense				Expense Fund
O* Other			•				T

Disbursements

OCT 27 2014

				Amendme	ent	
Pg	2_	of	5_	☐ Yes	X	No

	all Name (and Fund	l if applicable)						2. ID No	umber
	ALAN NORMAN			*					C115
3. Type of Disbu		e use separate C.	RO-1310	forms for eac	ch typ	e of Disbu	ırseme	ent.)	
Operating Exp		tributions to Candi	idates/Polit	ical Committee	S	☐ Co	ordinat	ed Party I	Expenditures
4. Payee Inform				Add	Ren	nove			
	ailing Address & Pl	hone		b. Coordinat	ed Cor	mmittee N	ame	d. Comn	nents
(include city, sta									
DJ'S OF NORT				a Lamb Dt		(0 10)			
3705 FALLSTO SHELBY, NC				c. Level Regi		County			
SHELD1, NC	20130			State				e. Flection	on Sum to Date
			2					\$	1,187.06
	g. Form of Paymen	h. Purpose Cod	de i. Date	(mm/dd/yyyy	j. Ar	nount	k. Re	quired R	emarks
01	Check	0	0′	7/17/2014	\$	771.27	T SF	HRTS/C	APS
01	Check	0	09	9/25/2014	\$	224.71	T SH	IIRTS	
4. Payee Informa	ation			Add	Rem	ove			
a. Full Name, Ma	iling Address & Pl	none		b. Coordinate			ame	d. Comm	ients
(include city, stat	te, & zip)								
DJ'S OF NORTI	H CAROLINA								
3705 FALLSTO				c. Level Regis					
SHELBY, NC 2	28150			☐ Federal	ļ	County		-	
				State		Municip	ality:	e. Electio	on Sum to Date
								\$	1,187.06
f. Account Code	g. Form of Payment	h. Purpose Cod	le i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Re	emarks
01	Check	0	10	/07/2014	\$	191.08	T SH	IIRTS/C	APS
					\$				
4. Payee Informa	ation			Add $\square$	Rem	OVA			
	iling Address & Ph	one		b. Coordinate			me	d. Comm	ente
include city, stat	_							ui Commi	· · · · · · · · · · · · · · · · · · ·
HARBOR FREI	GHT TOOLS								
1320 E DIXON	BLVD			c. Level Regis	tered	(Specify)			
SHELBY, NC 2	8152			Federal	[	County:			
				State	L	Municip	ality:	e. Electio	n Sum to Date
							- 1	\$	176.10
. Account Code	g. Form of Payment	h. Purpose Code	e i. Date	(mm/dd/yyyy)	j. Am	ount	k. Red	quired Re	marks
01	Check	0		/20/2014	\$	176.10		_	OR SIGNS
			1			170.10	5011	LILST	ok sidivs
5. Total only this	Daga				\$				
								\$	1,363.16
	RO-1310 Pages								
(I his line goes in	line 13a of Detailed	Summary Page CR	O-1100 if	Operating Expe	nses)			\$	7,071.14
(This line goes in	line 13b of Detailed S line 13c of Detailed S	Summary Page CRO Summary Page CRO	O-1100 if ( O-1100 if (	Contrib to Cand Coordinated Pa	idates/ rty Exp	Political Ca penditures)	mm)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TO SERVICE HER TO SER	des (List detailed	NAME AND ADDRESS OF TAXABLE PARTY.		THE RESERVE OF THE PERSON NAMED IN					
A* - Media	B* - Printin			ndraising		D-To	Anoth	er Candio	late
E - Salaries	F* - Equipm	0		tical Party					ffice Expenses
- Postage	J - Penaltie			ffice Expenses	3				l Expense Fund
O* Other								8	1
* Codes require	detailed explanatio	n in required re	marks fie	eld(k)					

**Disbursements** 

Pg <u>3</u> of <u>6</u> Amendment No

1. Committee F			if applicable)							Number	
FRIENDS OF	ALAN NOR	MAN							QB	C-115	
3. Type of Disb	ursement	(Please	use separate C	RO-1310	forms for eac	h type	of Disbu	ursem	ent.)		
Operating Ex	penses	Cont	ributions to Candi	dates/Poli	tical Committees	3	AND DESCRIPTION OF THE PERSON NAMED IN			Expenditure	es
4. Payee Inform	ation				Add	Remo	THE RESERVE AND ADDRESS OF THE PERSON.				
a. Full Name, M	ailing Addre	ss & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Com	ments	
(include city, sta	ite, & zip)										
KEN & MARY	'S GRILL										
1628 S DEKAI					c. Level Regis						
SHELBY, NC	28152				Federal		County				
					State		Munici	pality:	e. Elect	tion Sum to	Date
									\$		85.51
f. Account Code	g. Form of P	ayment	h. Purpose Cod	le i. Date	(mm/dd/vvvv)	i. Ame	nint	k. Re	ouired	Remarks	00,01
01	Chec		0		0/14/2014	\$	85.51	-		LUNCH	
				1	0/14/2014		65.51	IVIE	DIIIIG	LUNCH	
						\$					
4. Payee Inform					Add	Remo					
a. Full Name, Ma		ss & Pho	one		b. Coordinate	d Com	mittee N	ame	d. Com	ments	
(include city, sta											
LANDMARK I	BAPTIST CH	HRUCH									
PO BOX 489					c. Level Regis						
SHELBY, NC					☐ Federal ☐ State		County		**		-
(704) 487-5716					L State		Municip	bality:	e. Elect	ion Sum to	Date
									\$		75.00
f. Account Code	g. Form of Pa	ayment	h. Purpose Cod	e i. Date	(mm/dd/yyyy)	i. Amo	unt	k. Re	quired l	Remarks	
01	Check		AO		7/24/2014	\$	75.00			P SPONSO	)D
				+	.,_,_,	\$	75.00	KID	L CAIVI	1 51 01450	/K
4 Dames Lafe	-4*										
4. Payee Inform		- 0 DI			Add	Remov					
a. Full Name, Ma (include city, star		s & Pho	one		b. Coordinate	d Comr	nittee Na	ame	d. Com	ments	
	ie, & zip)	Charles A									
LOWE'S 425 EARL ROA	D				c. Level Regist	torod (6	'ma ai fu				
SHELBY, NC 2					Federal	_	County:				
(704) 484-9883	20130				☐ State		-		e. Electi	ion Sum to	Date
(701) 101 7003							3.			on Duni to	Date
									\$		72.95
f. Account Code	g. Form of Pa	yment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired F	Remarks	
01	Check		O	08	3/20/2014	\$	51.62	SUP	PLIES F	FOR SIGNS	S
						\$					
5. Total only this	Раде					4			Φ.		
	<u> </u>	<u> </u>							\$	2	12.13
6. Total of ALL											
(This line goes in	l une 13a of D	etailed Si	ummary Page CR	0-1100 if	Operating Expen	ises)			\$	8.2	79.98
(This line goes in	line 13c of De	etailed Si etailed Si	ummary Page CRO	D-1100 if	Contrib to Candi Coordinated Par	dates/P	olitical Co	mm)			
7. Purpose Co			Name and Address of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which i	The state of the s	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	iy Expe	nauures)				
A* - Media		Printing			indraising		D T-	A == -11		11.4	
E - Salaries		Equipme	,		itical Party		D-To				
- Postage		enalties			ffice Expenses					Office Expe al Expense	
0	- 4								- 140 E 4141		
O* Other * Codes require							Q DO	паш	I to Leg	ai Expense	Tunu

## **Disbursements**

OCT 272014

Amendment

Pg <u>4</u> of <u>6</u> Yes

X No

1. Committee Fu	ll Name (an	d Fund if applicable	)					2. ID N	umher
FRIENDS OF A									C-115
3. Type of Disbur	rsement (	Please use separat	e CRO-1310	forms for each	ch ty	pe of Disbu	ırseme	ent.)	
X Operating Expe	enses	Contributions to C	andidates/Poli	tical Committee	S				Expenditures
4. Payee Informa	tion			Add 🔲	Re	move			
a. Full Name, Mai	iling Addres	s & Phone		b. Coordinate	ed C	ommittee N	ame	d. Com	ments
(include city, state	e, & zip)								
MY CAMPAIGN	N STORE								
304 WHITTING	TON PKW	Y #261		c. Level Regis	stere	d (Specify)			
LOUISVILLE, K	Y 40222			Federal		☐ County			
				State		☐ Munici	pality:	e. Electi	on Sum to Date
,								\$	6,151.08
f. Account Code g	g. Form of Pa	yment h. Purpose	Code i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	temarks
01	Check	AO AO	0	9/02/2014	\$	1,133.84		RD SIGN	
01	Check	0	0	9/11/2014	\$	1,133.84	YAF	ED SIGN	IS
4. Payee Informa				Add	Re	move			
a. Full Name, Mai		s & Phone		b. Coordinate	d Co	ommittee N	ame	d. Comr	nents
(include city, state	e, & zip)								
PAGE PLUS									
1310 POLKVILI				c. Level Regis	tere				
SHELBY, NC 2	8150			☐ Federal ☐ State		County		T70 .4	
(704) 484-2709				State		☐ Municip	bality:	e. Electi	on Sum to Date
								\$	150.00
f. Account Code g	. Form of Pa	yment h. Purpose	Code i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
01	Check	F	0'	7/17/2014	\$	70.00	PHO	NE	
01	Check	F	0′	7/21/2014	\$	80.00	РНО	NE SER	VIE
4. Payee Informat	tion			Add	Ren	nove			
a. Full Name, Mail	ling Addres	s & Phone		b. Coordinate	d Co	mmittee Na	ame	d. Comn	nents
(include city, state	, & zip)								
PUBLIC POLICY	Y POLLING	ì							
2912 HIGHWOO	DS BLVD			c. Level Regis	tere				
SUITE 201				☐ Federal		County:			
RALEIGH, NC 2	27604			State		☐ Municip	ality:	e. Election	on Sum to Date
(919) 744-6312								\$	2,000.00
f. Account Code g.	Form of Pa	yment h. Purpose (	Code i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
01	Check	O	09	9/29/2014	\$	1,000.00	POL	LING	
					\$				
5. Total only this	Dogo				10				
								\$	3,417.68
6. Total of ALL C									
(This line goes in l	line 13a of De	etailed Summary Page	CRO-1100 if	Operating Expen	nses)			\$	8,279.98
(This line goes in l	ine 13b of De ine 13c of De	tailed Summary Page tailed Summary Page	CRO-1100 if	Contrib to Cand Coordinated Pai	idate tv Ex	s/Political Co cpenditures)	mm)	Ψ	0,277.70
7. Purpose Cod	THE RESIDENCE OF THE PARTY OF T	etailed expenditure		The second secon		Perminesy			
A* - Media		rinting		ındraising		D-To	Anoth	er Candi	date
E - Salaries		quipment		itical Party					Office Expenses
I - Postage		enalties		ffice Expenses					al Expense Fund
O* Other								Lug.	- Aprilo Tullu
* Codes require d	letailed expl	anation in required	remarks fi	eld(k)					

Disbursements

OCT 272014

				Am	endm	ent	
Pg	5_	of	6_		Yes	X	No

EDIENIDE OF		if applicable)					2. ID N	
TRIENDS OF	ALAN NORMAN						QBC	2-115
3. Type of Disbu	ursement (Please	use separate CRO	0-1310 forms for e	ach tvn	e of Dishu	irseme	nt)	
Operating Ex		ributions to Candidat	tes/Political Committ	ees				Expenditures
4. Payee Inform	nation		☐ Add ☐	Rem				Sarpendir di Os
a. Full Name, M.	ailing Address & Ph	one	b. Coordin:			ame	d. Comr	nents
(include city, sta	ite, & zip)							
THE STAR								
PO BOX 48			c. Level Re	gistered	(Specify)			
SHELBY, NC	28150		☐ Federal		County			
			State		Municip Municip	pality:	e. Electi	on Sum to Date
							\$	638.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	v) i An	nount	k De	quired R	
01	Check	A	09/11/2014	\$	250.00			
	Oneon	11	09/11/2014	-	230.00	NEW	SPAPE	R AD
				\$				
4. Payee Inform			Add	Rem				
	ailing Address & Pho	one	b. Coordina	ted Con	nmittee Na	ame	d. Comn	ients
(include city, sta								
THE VICTORI								
108 W WARRE			c. Level Reg					
SHELBY, NC	28150		State	Ļ	County:		T75 -11	
			State		Municip	anty:	e. Electro	on Sum to Date
							\$	264.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y) j. An	nount	k. Rec	quired Re	emarks
01	Check	В	07/01/2014	\$	264.01		ΓRAIT	
				\$		- 010		
4. Payee Inform	ation		□ Add □					
	METULE			Remo			d. Comm	
	iling Address & Pho	ne	h Coordina	tad Cam	IIIIIIIIII INZ			
a. Full Name, Ma	ailing Address & Pho	one	b. Coordina	ted Con		· ·	u. Comm	icits
a. Full Name, Ma (include city, sta		one	b. Coordina	ted Con			u. Comn	ients
a. Full Name, Ma (include city, star USPS	te, & zip)	one			(Specify)		u. Comm	icits
a. Full Name, Ma (include city, status) USPS 405 S DEKALE	te, & zip)  B STREET	one	b. Coordina  c. Level Reg	istered	(Specify) County:		u. Comm	icitis
a. Full Name, Ma (include city, status) USPS 405 S DEKALE	te, & zip)  B STREET	one	c. Level Reg	istered	County:			on Sum to Date
a. Full Name, Ma (include city, status) USPS 405 S DEKALB	te, & zip)  B STREET	one	c. Level Reg	istered	County:		e. Electio	on Sum to Date
a. Full Name, Ma (include city, star USPS 405 S DEKALE SHELBY, NC 2	s STREET 28150		c. Level Reg  Federal  State	istered (	County:	ality:	e. Electio	on Sum to Date
a. Full Name, Ma (include city, state USPS 405 S DEKALB SHELBY, NC	s STREET 28150	h. Purpose Code	c. Level Reg     Federal     State	istered	County: Municip	ality:	e. Electio	on Sum to Date
a. Full Name, Ma (include city, status) USPS 405 S DEKALB SHELBY, NC 2	s STREET 28150  g. Form of Payment Check	h. Purpose Code	c. Level Reg     Federal     State  i. Date (mm/dd/yyy) 09/08/2014	istered (	County:	ality:	e. Electio	on Sum to Date
a. Full Name, Ma (include city, state) USPS 405 S DEKALB SHELBY, NC  C. Account Code 01 01	g. Form of Payment Check Check	h. Purpose Code	c. Level Reg     Federal     State	istered	County: Municip	ality:	e. Electio	on Sum to Date
a. Full Name, Ma (include city, state USPS 405 S DEKALB SHELBY, NC  C. Account Code 01 01 01 5. Total only this	s STREET 28150  g. Form of Payment Check Check	h. Purpose Code	c. Level Reg     Federal     State  i. Date (mm/dd/yyy) 09/08/2014	istered (	County: Municip  ount  49.00	ality: 6	e. Electio	on Sum to Date
a. Full Name, Ma (include city, state USPS 405 S DEKALE SHELBY, NC  6. Account Code 01 01 01 5. Total only this	g. Form of Payment Check Check Check CRO-1310 Pages	h. Purpose Code I	c. Level Reg     Federal     State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014	istered (	County: Municip  ount  49.00	ality: 6	e. Electio \$ uired Re	on Sum to Date 147.00 emarks
a. Full Name, Ma (include city, state USPS 405 S DEKALE SHELBY, NC  C. Account Code 01 01 01 5. Total only this 6. Total of ALL ( (This line goes in	g. Form of Payment Check Check Check CRO-1310 Pages a line 13a of Detailed Si	h. Purpose Code I I	c. Level Reg	istered (  [ [ [ ] ] ] ] J. Am  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	County: Municip  ount  49.00  49.00	ality: 6	s uired Re	on Sum to Date 147.00 marks 612.01
a. Full Name, Ma (include city, status of the city), status of the city of the	g. Form of Payment Check Check Page CRO-1310 Pages In line 13a of Detailed State line 13b of Detailed State line 15b of Detailed	h. Purpose Code I I I ummary Page CRO-	c. Level Reg  Federal  State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014	istered   C   C   C   C   C   C   C   C   C	County: Municip  ount 49.00 49.00	ality: 6	e. Electio \$ uired Re	on Sum to Date 147.00 emarks
a. Full Name, Ma (include city, state USPS 405 S DEKALB SHELBY, NC  C. Account Code 01 01 5. Total only this C. Total of ALL (This line goes in (This line goes in (This line goes in	g. Form of Payment Check	h. Purpose Code I I I ummary Page CRO- ummary Page CRO- ummary Page CRO-	c. Level Reg  Federal  State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014  1100 if Operating Exp 1100 if Contrib to Can 1100 if Coordinated H	istered   C   C   C   C   C   C   C   C   C	County: Municip  ount 49.00 49.00	ality: 6	s uired Re	on Sum to Date 147.00 marks 612.01
A. Full Name, Ma  include city, stat  USPS  405 S DEKALE  SHELBY, NC  Account Code  01  01  01  Total only this  Total of ALL  (This line goes in  (This line goes in  (This line goes in	g. Form of Payment Check	h. Purpose Code I I I ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	c. Level Reg  Federal  State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014  1100 if Operating Exp 1100 if Contrib to Can 1100 if Coordinated H in (h.) above)	istered   C   C   C   C   C   C   C   C   C	County: Municip  dount 49.00 49.00  Political Coenditures)	ality: 6	s uired Re	147.00 marks 612.01 8,279.98
A. Full Name, Ma (include city, state USPS 405 S DEKALE SHELBY, NC  Account Code  01  01  5. Total only this 6. Total of ALL (This line goes in (T	g. Form of Payment Check	h. Purpose Code I I I ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	c. Level Reg  Federal  State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014  1100 if Operating Explication of Contrib to Call 1100 if Coordinated Hom (h.) above)  C* - Fundraising	istered   C   C   C   C   C   C   C   C   C	County: Municip  ount 49.00 49.00  Political Coenditures)	ality: 6 k. Req	s uired Re	147.00 marks 612.01 8,279.98
a. Full Name, Ma (include city, stat) USPS 405 S DEKALB SHELBY, NC 2  6. Account Code 01 01 5. Total only this 6. Total of ALL ( (This line goes in (This line goes i	g. Form of Payment Check	h. Purpose Code I I I ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	c. Level Reg  Federal State  i. Date (mm/dd/yyy)  09/08/2014  10/07/2014  1100 if Operating Exp 1100 if Contrib to Can 1100 if Coordinated I in (h.) above)  C* - Fundraising G - Political Party	istered   C   C   C   C   C   C   C   C   C	County: Municip  ount 49.00 49.00  Political Coenditures)	ality: 6 k. Req	s uired Re	147.00 marks 612.01 8,279.98
a. Full Name, Ma (include city, state USPS 405 S DEKALB SHELBY, NC  C. Account Code  01  01  01  5. Total only this 6. Total of ALL (This line goes in (This line goe	g. Form of Payment Check	h. Purpose Code I I I ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	c. Level Reg  Federal  State  i. Date (mm/dd/yyy) 09/08/2014 10/07/2014  1100 if Operating Explication of Contrib to Call 1100 if Coordinated Hom (h.) above)  C* - Fundraising	istered   C   C   C   C   C   C   C   C   C	County: Municip  Municip  49.00  49.00  Political Coenditures)  D - To A  H* - Ho	ality: ok. Req	s s s cr Candid	147.00 marks 612.01 8,279.98

Disbursement	S
--------------	---

X No

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

	Full Name (and Fund	if applicable)					2. ID Nu	mher
FRIENDS OF	ALAN NORMAN							-115
2 Tymo of Diale	DI.	GP.	0 1111					
3. Type of Dish		use separate CR	0-1310 forms	for eac	h type of Disb	urseme	ent.)	
Operating Ex	The same of the sa	ributions to Candida	tes/Political Cor	nmittees		oordinat	ed Party E	xpenditures
4. Payee Inforn			☐ Add		Remove			
	lailing Address & Ph	one	b. Coc	rdinate	d Committee	Name	d. Comm	ents
(include city, sta	ate, & zip)							
USPS								
405 S DEKAL	B STREET		c. Leve	el Regis	tered (Specify)	)		
SHELBY, NC	28150		☐ Fe		Count			
			☐ Sta	ite	☐ Munic	ipality:	e. Electio	n Sum to Date
							\$	147.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	d/vvvv)	i Amount	l Do	quired Re	
01	Check	I	10/14/20			_	quireu Ke	marks
		1	10/14/20	714	\$ 49.00			
					\$			
5. Total only thi	is Page						\$	49.00
6. Total of ALL	CRO-1310 Pages						4	47.00
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 if Operati	ng Expe	nses)		d.	0.000.00
(This line goes i	in line 13b of Detailed S	Summary Page CRO	-1100 if Contrib	to Cana	lidates/Political	Comm)	\$	8,279.98
	in line 13c of Detailed S	AND REAL PROPERTY AND ADDRESS OF THE PARTY O	THE RESERVE THE PERSON NAMED IN COLUMN TWO	ated Pa	rty Expenditures,	)		
7. Purpose Co	odes (List detailed	expenditure code	in (h.) above)					
A* - Media	B* - Printin		C* - Fundrais	ing	<b>D</b> - To	Anoth	er Candio	lata
E - Salaries	F* - Equipme		G-Political P					office Expenses
I - Postage	J - Penaltie		K* - Office E					l Expense Fund
O* Other				1	4 -1	· OHHEIU	i w Lega	Lapense rund
* Codes require	e detailed explanation	n in required ren	narks field (k)					
CRO-1310			tate Board of Ele	ections				December 2009

Aggregated Non-Media Expenditures
Optional form used to report NC Non-Media Expend

OCT 27 2014 Page 1 of 1

Amendment

Yes No

		d Fund if applicable)				2. ID	Number		
FRIENDS	OF ALAN NOR	MAN				QBC115			
B. Payee In	formation								
	end b. Account Code c. Form of Payment d. Purpose Code e. Date (mm/dd/yyyy						ount	g. Required Remarks	
Add Remove	01	Check	0	09/15/20	14	\$	21.33	SUPPLIES FOR FAIR	
	nly this Page					\$		21.33	
	f ALL CRO-1 nust be on line 14 o	315 Pages  f Detailed Summary Pa	ige CRO-1100)			\$	7	21.33	
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)				A SERVICE AND A	
	B*	- Printing	C* - Fundr		D - 1	Γο An	other Car	ndidate	
E - Salar	ries F*	- Equipment	G - Political	0		- Holding Public Office Expenses			
I - Posta		T D 1.1			* - Donations to Legal Expense Fundament				
0* - Ot	hor							-can Dapense Tun	

CRO-1315

NC State Board of Elections

December 2009

n-Kin	dC	antri	hutions

Amendment X No

In-Kind Contributions

Pg 1 of 1 Yes ▼

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

EDIENICS OF ALANAYOR (and Fund if applica	ıble)		2. ID	Number		
FRIENDS OF ALAN NORMAN			1	PBCII	5	
3. Contributor Information	☐ Add	☐ Remove				
a. Full Name, Mailing Address & Phone		of Contributor	c. Co	mments		
(include city, state, & zip)  STEVE BOWEN 3719 W DIXON BLVD SHELBY, NC 28150	X Ind   Car   Par   PA   Ref	d. Election Sum to Date				
	Oth	er Receipt Source	\$		640.00	
e. Description		f. Date (mm		- F.1		
HWY 150 BOILING SPRINGS BILLBOARD				g. Fair	Market Amount	
		09/01/	/2014	\$	600.00	
				\$		
3. Contributor Information				\$		
a. Full Name, Mailing Address & Phone		Remove				
(include city, state, & zip)	D. lype	of Contributor	c. Con	nments		
TODD CERWIN 522 S DEKALB STREET SHELBY, NC 28150	Part PAC			d. Hection Sum to Date		
e. Description		la D			600.00	
DEKALB STREET BILLBOARD		f. Date (mm/	f. Date (mm/dd/yyyy)		Market Amount	
		09/01/2	2014	\$	600.00	
				\$		
5. Contributor Information	□ Add □	7 D		\$		
. Full Name, Mailing Address & Phone		Remove of Contributor	c. Com			
(include city, state, & zip)  ROBIN HENDRICK 1241 E DIXON BLVD SHELBY, NC 28150	X Indiv	idual idate		ction Sum to Date		
Description		f Data (mm/s	dd (manner)	- E	1,000.00	
AST MARION STREET BILLBOARD		f. Date (mm/c			farket Amount	
		09/01/2	014	\$	1,000.00	
				\$		
. Total only this Page				\$		
Total of ALL CRO-1510 Pages			\$		2,200.00	
(This line must be on line 17 of Detailed Summary	Page CRO-1100)		\$		2,200.00	

Outstandi	ng Loans
-----------	----------

Amendment

☐ Yes

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commi	ttee Full Name (and Fund if applicable)	)			2. ID Numb	er	
FRIEND	S OF ALAN NORMAN					-	
3. Lender	Information	□ A	ld Remov	ve			
	ne, Mailing Address & Phone	b. Job Title/Profession			d. Comments		
(include	city, state, & zip)	SI	SHERIFF				
ALAN N	ORMAN						
568 OAK GROVE CLOVER HILL CH RD					e. Start Date (mm/dd/yyyy)		
LAWND	LAWNDALE, NC 28090		c. Employer's Name/Specific Field			/16/2012	
			CLEVELAND COUNTY SHERIFF OFFICE				
						(mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original Lo	oan Amount	j. Remainin	g Loan Balance	
0.00%	N/A		\$	4,000.00	\$	4,000.00	
k. Full Nar	ne of Lending Institution				l. Loan Nun	ıber	
1 Total	only this Page						
					\$	4,000.00	
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary Po	age CRO-11	00)		\$	4,000.00	
CDO 142	O NY	Chata Dana	1 0 704				

NC State Board of Elections

December 2007