## **Disclosure Report Cover**

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 In	formation							r	
a. Full Name	or a straightful and con-							c. ID Number	
FRIENDS OF A	ALAN NORM	AN						-QBC115	
b. Mailing Addre	ess (include Cit	ty, State and Zij	Code)					d. Date Filed	
568 OAK GRO		HILL CH ROA	AD					01/30/2020	
LAWNDALE,	NC 28090							e. Phone Number	
								(704) 472-6480	
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	rer Full Name	
2019 07/01/2019					12/31/2			B HAMRICK	
6. Type of Com	mittee (Check	One)	9. Typ	e of Report	(cl	heck only one	type of rep	ort from one category)	
X Candidate Car	npaign 🔲 Par		Munic	ipal		State/County		Referendum	
☐ Joint Fundrais	ser PA	.C		Organizatio		☐ Organizatio	onal	Organizational	
☐ Referendum		gal Expense Fund		Thirty-five		Quarterly		Pre-referendum	
7. Type of Fund		le, check one)		Pre-primary		First		Final	
☐ "Booster Fund				Pre-election	1	Second	1	Supplemental Final Annual	
☐ Building Fund		F1. F 1		Pre-runoff		Third Fourth		Special	
l bound	Election Year Car			Semi-annua Mid Ye		Semi-annua		L special	
NC Public Car	mpaign Financin	grund	님	Year E		Mid Y		10. Special Report Name	
Othori			H	Final		Year E		10. Special Report Name	
Other:		a Donout	H	Special		Final			
8. Number of Fundraisers this Report				Sp		Special			
*	0					_			
3. Account Info						o <mark>unt Informa</mark> incial Instituti			
a. Financial Inst	titution Full Na	ıme			a. Fina	incial Instituti	on ruii Nan	ne	
BB&T						J. Wall			
b. Purpose		c. Account Co	de		b. Pur	pose		c. Account Code	
CAMPAIGN F	INANCES		01						
		d. Period Begi	n Balar	ıce				d. Period Begin Balance	
		\$	<b>\$</b> 29,519.65					\$	
CERTIFICATION	ON							The plant bares of the second	
I certify that Chapter 163 of funds. I furth	the Committee	eral Statutes and this report is co	d that n	o funds are	commorrect	ingled with pro	ohibited or e been train	22A, 22B & 22D-22M of other non-disclosed aed by the NC State Board  01/30/2020  Date	
FOR OFFICE	USEONLY	N 2 1 202	n			2	11		
Date Receiv	UM	N 3 1 202	U	Emplo	yee:	ol &	ACCURATION AND DESCRIPTION OF THE PERSON OF	elivery Method Normal Mail	
Date Postmarked:				Employee:				Registered Mail Hand Delivered Electronically Filed	
Date Scann	red: _			Emplo	yee:			, , , , , , , , , , , , , , , , , , , ,	
Date Data Entered:				Employee:				☐ Signer has not received mandatory training	
	assist	cannot be used ant treasurer, cu nd the Statemen	ustodia	n of books	inform	ation, or accou	int informat		

Detailed Summary

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 Rep	NAME OF TAXABLE PARTY.		) Num	MARKON MIT BUTCHES MUSIC SERVICE STREET OF STREET, STR	
FRIENDS OF ALAN NORMAN	2019 Year Er	nd Sem	i-Annual	-QBC115		
Start of Election Cycle: January 1, 2019		Total this Reporting Period			Total this ection Cycle	
4) Cash on Hand at Start		\$	29,519.65	\$	29,519.65	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00	
6) Contributions from Individuals	(CRO-1210)	\$	300.00	\$	300.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00	
10) Refunds/Reimburs ements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources	n mara un n'Assunt 200 de répondre de just misment y présiment de président de l'épondre maisment de l'épondre					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00	
11b) Contributions from Not-For-Profit Organization	s (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,1	lc,11d and 11e)	\$	300.00	\$	300.00	
EXPENDITURES						
(3) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	920.37	\$	920.37	
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	500.00	\$	500.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	0.00	
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00	
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	1,420.37	\$	1,420.37	
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$	28,399.28	\$	28,399.28	
ADDITIONAL INFORMATION		F	2.22			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	-	0.00			
21) Outstanding Loans (incl. ones from other campaign			0.00			
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 August 200	

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0	ntributio	na fran	n Indix	علمينامة
			II IIIUIV	IUUA IS

Contributions from Individuals

Pg 1 of 1 Ves

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

1. Com	nittee Full Name	(and Fund if applicabl	le)			2.	ID Numb	er er
FRIEN	DS OF ALAN N	ORMAN				-QBC115		
3. Conti	ributor Informati	on		Add 🗆	Remove			
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title	Profession	d. Comments		
(include city, state, & zip)			RETIRED					
ROBEI	RT HAMMOND							
313 FA	LLINGBROOK	DRIVE		c. Employer's Name/Specific Field				
BELMONT, NC 28012			NC DEP OF REVNUE			e. 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)		k. Amou	int
	01	Check			10/21/2019	4	\$	300.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		300.00
\$5.000 and the residence of the second		O-1210 Pages 6 of Detailed Summary	Page CRO-1100,	)		\$	•	300.00
CRO-12	210		NC State B	Board of Electic	ons	No. of Lot, House,	NAME OF TAXABLE PARTY.	April 2007

D	ic	h	11	rc	P	m	ρ	nt	2
•	12	U	ш						•

JAN 3 1 2020

Pg 1 of 1 Yes No

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

1. Committee Fu	ill Name (and	Fund if applicable)	enggeneralisti in kanada er ette tara antik kepatan pana	and products of the state of	entropic parties of the free	art enterminations.	2. ID Nu	mber
FRIENDS OF A	LAN NORM	IAN						CT15
3. Type of Disbu		Please use separate Cl	RO-1310 forms fo	r each ty	pe of Disbu	ırsem	ent.)	
X Operating Exp	penses	Contributions to Candid		TOTAL STATE OF THE PARTY OF THE			CONTRACTOR AND A PROPERTY OF THE PROPERTY OF T	Expenditures
4. Payee Informa					emove			
a. Full Name, Ma	ailing Address	& Phone	b. Coord	linated C	Committee N	ame	d. Comm	ents
(include city, stat								
ABUSE PREVE	ENTION COU	JNCIL	- Laval	T !-ton	1 (0 - 10)		539	
PO BOX 2598	-0151		c. Level	THE RESIDENCE OF THE PARTY OF T	ed (Specify) County		4	
SHELBY, NC 2	28151		State				e. Flectio	on Sum to Date
			_					
							\$	100.00
f. Account Code			de i. Date (mm/dd/y	***************************************	Amount		equired Re	marks
01	Check	0	09/05/2019		100.00	DO	NATION	
				\$				
4. Payee Informa			☐ Add □		emove	477 (1775) 1977 (1775)		
a. Full Name, Ma	iling Address	& Phone	b. Coord	inated C	ommittee Na	ame	d. Comm	ents
(include city, stat			À					No. of the Control of
ALPHA MAILI	NG SERVICE	ES, INC	- Lavel	n detan	1 (G-calfy)			
PO BOB 231	-0161		c. Level I		ed (Specify)  County:		4	
SHELBY, NC 2 (704) 484-1711	28151		State		☐ Municip		e. Electio	n Sum to Date
(/04) 404-1/11						react,		
							\$	255.37
f. Account Code					Amount	-	equired Re	marks
01	Check	AB	10/28/2019	9 \$	255.37	MAJ	IL OUTS	
	7			\$				
4. Payee Informa	ation		☐ Add □	] Re	emove			
a. Full Name, Ma	SECTION AND APPROXIMATION OF A PROPERTY OF A	& Phone	CONTRACTOR OF THE PARTY OF THE		ommittee Na	ame	d. Comm	ents
(include city, stat					Photo Grandes and Control of the Con			
THE SHELBY S								
315 E GRAHAN					ed (Specify)			
SHELBY, NC 2	28150		☐ Federal State		☐ County:		Flection	n Sum to Date
			- Semi		I WIGHTON	lanty.		
							\$	565.00
f. Account Code	g. Form of Pay	ment h. Purpose Code	le i. Date (mm/dd/y	уууу) ј. А	Amount	k. Re	equired Re	marks
01	Check	AO	08/21/2019	9 \$	565.00	NEV	WSPAPER	RAD
	Name of Association of the Assoc			\$	***************************************			
5. Total only this	Dage						\$	920.37
6. Total of ALL (							Φ	140.5.
		iges tailed Summary Page CR	20_1100 if Operating	Fynenses	~ <b>1</b>			
(This line goes in	n line 13b of Deta	tailed Summary Page CR tailed Summary Page CR tailed Summary Page CR	RO-1100 if Contrib to	Candidat	tes/Political C		\$	920.37
7. Purpose Co	des (List de	tailed expenditure cod	le in (h.) above)					
A* - Media		rinting	C* - Fundraisin	ng	<b>D</b> - To	Anot	her Candio	date
E - Salaries		quipment	G - Political Part		H* - He	olding	g Public O	Office Expenses
I - Postage	J - Per	nalties	K* - Office Exp	enses				d Expense Fund
O* Other								
* Codes require	detailed expla	anation in required re	emarks field(k)					

Dis	burs	eme	nts
	NO WAR IN	CARAC	

Amendment

1 Yes No

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

1. Committee Fu	Il Name (and Fund)	if applicable)				2. ID Num	ber
	LAN NORMAN					-QBCI	
3. Type of Disbur	rsement (Please	use separate CRO	-1310 forms for eac	ch type of Disbi	ursem	ent.)	
Operating Expension			es/Political Committee		-	ted Party Exp	enditures
4. Payee Informa	ntion		☐ Add ☐	Remove			
a. Full Name, Ma (include city, stat	iling Address & Ph	one	b. Coordinate	ed Committee N	lame	d. Comme	nts
	LECT RODNEY F	TTCH	c. Level Regis  Federal State  Cleveland	stered (Specify)  N County  Munici	7:	e. Election	Sum to Date 500.00
		li n Cill		1	lı n		
	g. Form of Payment		i. Date (mm/dd/yyyy)		K. Ke	equired Rem	arks
01	Check	D	12/16/2019	\$ 500.00			
				\$			
5. Total only this	Page				radio (1912 de la Simbilità de la Salamania	\$	500.00
(This line goes in	line 13a of Detailed S line 13b of Detailed S	Summary Page CRO-	1100 if Operating Expo 1100 if Contrib to Cand 1100 if Coordinated Pa	didates/Political (	-	\$	500.00
7. Purpose Co	des (List detailed	expenditure code	in (h.) above)				
E - Salaries F* - Equipment G-1			C* - Fundraising G - Political Party	- Political Party H* - Holdin			fice Expenses
I - Postage O* Other * Codes require	J - Penaltie		K* - Office Expense	s V*-1	onati	on to Legal	Expense Fund
CDO 1210	uctaneu expranatio		ate Board of Flections				December 2009