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 Information | | | |
|---|---------------------------|---------------------------------------|--|
| a. Full Name | | | c. ID Number |
| Re-elect Holbr | DOK CO | impaign | |
| Mailing Address (include City, State and Zip Cod | e) | | d. Date Filed |
| 201 troon | P1. | | 2-10-14 |
| Shelby, NC 5 |) & 150 | | e. Phone Number |
| | | | 7044738279 |
| 2. Report Year 3. Period Start Date (mm/de | Љуу) 4. Period Н | End Date (mm/dd/yy) 5. Tres | asurer Full Name |
| 2019 10/19/14 | 112/3 | 31/14 Brit | Hany K Spangler |
| 6. Type of Committee (Checklone) | | ort (check only one type of | |
| ☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum | Municipal | State/County | Referendum |
| | Organizationa | — - | Organizational |
| <u> </u> | Thirty-five day | · _ | Pre-referendum |
| Legal Expense Fund | Pre-primary | First | Final |
| 7 True of Francis City to Life to the | Pre-election | Second | Supplemental Final |
| 7. Type of Fund (if applicable, check one) Booster Fund | Pre-runoff | Third | Annual |
| Building Fund | Semi-annual | Fourth | Special |
| Bunding Fund | Mid Year | | 10.0 |
| Other; | Year End | | 10. Special Report Name |
| 8. Number of Fundraisers this Report | Final | Year End | ! |
| 6. Number of Fundraisers this Keport | Special | Final | • |
| | <u></u> | Special | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Nam | ne ne |
| Bank of the Ozarks | | | |
| b. Purpose c. Account Co | ıde | b. Purpose | c. Account Code |
| Campaign account Receipts + Expenditures \$,35 | | | l |
| account | | | |
| P COIDTS + d. Period Beg | | | d. Period Begin Balance |
| Expenditures \$35 | 73.82 | | \$ |
| CERTIFICATION | | | |
| | : | toolite accordate on the America of A | 000 0 000 0004 -E.Ob 160 |
| I certify that the Committee or Fund is in compli of the NC General Statutes and that no funds are | | | |
| report is complete, true and correct and that I ha | | | |
| Proport is complete, true and correct and that I ha | ^ | THE INC STATE HOARD OF ERECTOR | : 1 6 1 1 6 |
| I MAHAMUY SMAMMUT | 1/XV & | mmmT | 118115 |
| Printed Name of Signer | . /// L// Sign | nature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | interio or reprospere Transaction | |
| 1.010 | | 00 + | Delivery Method |
| Date Received: 1-8-15 | _ Employ | vee: <u>R.Bost</u> | ☐ Normal Mail |
| | | | Registered Mail |
| Date Postmarked: | _ Employ | /ee: | Hand Delivered |
| | | | ☐ Electronically Filed |
| Date Scanned: | _ Employ | /ee: | Executionically 1 ned |
| Date Data Entered: | _ Employ | /ee: | ☐ Signer has not received mandatory training |
| Please Note: This form cannot be used | to amend comm | ittee information such as the | |
| | | s information, or account info | |
| | | i (CRO-2100A-E) to make co | |

Amendment
☐ Yes ☐ No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of | Report | 3. ID Number |
|--|----------------|--------------------------------|----------------------------|
| Re-elect Holbrook Campaign | | | <u>-</u> |
| Start of Election Cycle: January 1, $20/4$ | • | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$6255.0 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$(0255.00 | \$ 32,299.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | \$5,500.0 | 0 \$8,829.58 |
| 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) | \$ 11,755,0 | 0 \$41,125.58 |
| <u>EXPENDITURES</u> | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$13,659.29 | 8 \$34,131.32 |
| 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, 13 | 5, 16 and 17) | \$13,059.28 | \$34,131.32 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub | tract 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 | (CRO-2220) | \$ | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

JAH Un 2015

| | | | JAN | 15 ZUIS - | _ | | |
|------------|------------------------|------------------------|--------------------|-------------------|---------------------------------------|----------|---------------------|
| Cont | ributions fr | om Individua | ls | TP | e of | 3 | Amendment Yes No |
| Use this | s form to report is | ndividual contributio | ns over \$50 or c | ontributions un | | RO 1 | 1205 is not used |
| 1. Com | mittee Full Nan | e (and Fund if appl | licable) | | *** | | D Number |
| R | e-euc | + Holk | ruve (| Camp | aich | | |
| | ributor Informa | | | | emove | Ц | |
| | ame, Mailing Addre | ss & Phone | | b. Job Title/Pro | · · · · · · · · · · · · · · · · · · · | a. c | comments |
| (includ | le city, state, & zip) | , 1 | | | | | <u> </u> |
| | on ye | y Ridge ! | ane | c. Employer's N | ame/Specific Field | - | |
| IN U | alba A | 1 28050 | 5 | | | | lection Sum to Date |
| 3/1 | ecion 1. | 704-40 | <u> </u> | 12 | | Ι. | 10 |
| | | , - , | 1-452 | 15 | | \$ | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy | | k. Amount |
| | | Check | | | 10-20- | 4 | \$ 100,00 |
| | | | | - | | | \$ |
| | | • | | | | | \$ |
| 3. Cont | ributor Informa | tion | | Add Re | emove | | |
| | ame, Mailing Addre | | | b. Job Title/Prof | ession | d.C | omments |
| (includ | e city, state, & zip) | σ <u> </u> | | Retir | ed | | |
| Lin | da q 🗸 | m Horr |) | . , . | me/Specific Field | l | |
| 113 | Colun | nns Circ | 10 | | | ł | |
| | | | | leauc | ation | e. El | lection Sum to Date |
| 3 | y .= | 10 2815 1044879 | 1420 | | | \$ | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) | ry) | k. Amount |
| | | Che cic | | | 10-a0- a01 | 4 | \$ 100.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 3. Cont | ributor Informa | tion | | Add Re | emove | | |
| a. Full Na | une, Mailing Addre | ss & Phone | | b. Job Title/Prof | ession | đ. C | omments |
| | e city, state, & zip) | O a bas i | Tr | | | | |
| MI | mam | nabry, | 0-4 | c. Employer's Na | me/Specific Field | | |
| 144 | & NEW P | rospect ch | 1. Ka. | | | e El | ection Sum to Date |
| SHE | TBY 100 | 3 666 | | | | | |
| | | 7 - 00 S 3 | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) |) • | 100.00 |
| | g. Account Code | | i. m-Kino Descrip | 44011 | 10 - 0 5 - | (Y) | |
| | | Cheek | | | A014 | 4 | \$ 100.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 4. Tot | al only this Pa | ige | | | | \$ | 300.00 |
| | | O-1210 Pages | | | | ¢ | 140CC 107 |
| | | of Detailed Summary Pa | CPA 11AN | | | Þ | (1255,UV |

| | | rom Individua ndividual contributio | ls | M 0 0 201 | $\frac{2}{2} \int_{\text{of } 2}^{\infty} df$ | <u>Z</u> | Amendment Yes No |
|----------|--|--|--------------------|-----------------------------|---|----------------|---------------------|
| | | e (and Fund if appl | | Ond Toddlons dik | iei \$50 ii foliii C | | ID Number |
| R | e-euc | + Holbr | MMC C | ampai | CM) | | |
| | tributor Inform | <u> </u> | <u> </u> | | move | - - | |
| | ame, Mailing Addro | ess & Phone | | b. Job Title/Profe | ession | a. C | Comments |
| (includ | le city, state, & zip) | W LO O O L A | | - | | | |
| KW | cpn IIIc | RITTURE | | c. Employer's Na | me/Specific Field | ┨ | |
| 123 | 12 New | Crust Cr | l | | | ╙ | |
| She | lby NC | Kinney Chest Lr 28150 | | | | - | lection Sum to Date |
| f. Prior | <u> </u> | | | <u>i</u> | In #1" | | 200,00 |
| | g. Account Code | h. Form of Payment | i. In-Kind Descrip | otion | j. Date (mm/dd/yy, | yy) | k, Amount |
| <u> </u> | | cheek | | | 2014 | | \$ 100.00 |
| ╚ | | | | | | | \$ |
| | | | | / | | | \$ |
| | ributor Informa | | V | | move | | |
| | ame, Mailing Addre le city, state, & zip) | ss & Phone | | b. Job Title/Profe Sales | ssion | d. C | omments |
| | bi Ha | rril | | mana | ger | | |
| . – | | | | c. Employer's Na | me/Specific Field |] | |
| 000 | 5 10 9 W C | od Dr. 28150 | | LeGra Cen | 'nα | e. E | lection Sum to Date |
| SHO | 10448- | 7 4419 | | Cen | ter | \$ | 300,00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) | 79) | k. Amount |
| | | check | <u>.</u> | | 301- | 1 | \$ 3 00,00 |
| | | | | | | | \$ |
| | | | | / | | | \$ |
| | ributor Informa | | <u> </u> | | move | _ | |
| | ume, Mailing Addre e city, state, & zip) | ss & Phone | | b. Job Title/Profe | | d. C | omments |
| Sti | Duah L | wray, J | ٧. | | L [[| | |
| 250 | Fairn | iav pr | • | c. Employer's Na | ne/Specific Field | | |
| Sh A | alby NIC | Wray, J 1ay Dr. 28150 | | | | e. El | ection Sum to Date |
| 5 | orby 190 | | | | | \$ | 25.00 |
| f. Prior | g. Account Code | h. Form of Payment | l. In-Kind Descrip | tion | j. Date (mm/dd/yy) | ry) | k. Amount |
| | | Cheek | | | 10/20/201 | 4 | \$ 25.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | al only this Pa | - | | | | \$ | 425,00 |
| | | O-1210 Pages of Detailed Summary Pages | pe CRO-1104\ | | | \$(| 1255.W |
| 12000 00 | VID Settle O | v, ~vmmva Dumma y Ca | PO | | | | - 100 |

Contributions from Individuals 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) 2. ID Number Campaion ellex Holbrook 3. Contributor Information ✓ Add ☐ Remove b. Job Title/Profession a. Full Name, Malling Address & Phone d. Comments (include city, state, & zip) Retired Gordon Hamrick c. Employer's Name/Specific Field P.O. BOX 1060 Shelby NC 28151 e. Election Sum to Date \$ 100.00 k. Amount g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior 10120/2014 \$100,00 Check \$ 3. Contributor Information Add Remove a. Full Name, Malling Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Carl + Doris Dedmon c. Employer's Name/Specific Field P.O. BOX 1146 shelby NC 28151 e. Election Sum to Date \$ 650,00 j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment . Prior 10/20/ \$200,00 heck \$ \$ 3. Contributor Information: ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired Betsy Wells 725 Dixon School Road Kings Mountain NC 28080 7047391545 c. Employer's Name/Specific Field education e. Election Sum to Date \$ 20.00

| . Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---------|-----------------|-------------------------------------|------------------------|----------------------|-----------|
| | | Cash | | 10/20/2014 | \$ 20,00 |
| | | | | | \$ |
| | | | | | \$ |
| l. Tot | al only this P | age | | \$ | 320.00 |
| | | O-1210 Pages of Detailed Summary Po | ege CRQ-1100) | \$ | 6255,OD |

CRO-1210

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

| - , | | | | 1.2015 | Li S | ✓ Amendment |
|------------|---|--|---------------------|--------------------------|-----------------------|-------------------------|
| | | rom Individual | | Pg | of 1 | Yes No |
| | | ndividual contribution ne (and Fund if appl | | Ontroutions und | 2r \$50 ii 1011ii Cr | 2. ID Number |
| _ | | t Horbi | | mipaic | % | |
| | ributor Informa | | | | nove | |
| | ame, Mailing Addre e city, state, & zip) | ss & Phone | | b. Job Title/Profes | | d. Comments |
| The | cmas v | Nalters | <u>.</u> | Reti | , | |
| 311- | a Pink | ey St. | • | c. Employer's Nan | ne/Specific Field | |
| She | Iby NC | 28850 | | | | e. Election Sum to Date |
| 7n4 | -487- | 9387 | | | | \$20,00 |
| , | | h. Form of Payment | i. In-Kind Descrip | | j. Date (mm/đd/yyy | |
| | | Cash | | | iola0/20 | s 20.00 |
| | | | | | | \$ |
| | | |] | , | | \$ |
| | ributor Informa | | | , | nove | |
| | ame, Mailing Addre e city, state, & zip) | ss & Phone | | b. Job Title/Profes | | d. Comments |
| INA. | 0rv 12. | umgarne | <u>, r</u> | Cutere | | |
| 1120 | a Shar | ngler DY c 2815 | • | c. Employer's Nan | | |
| Shel | MIN | (3) 28 IS | 0 | Simple | kn ! | e. Election Sum to Date |
| 40 | 0-095 | , - 03 00 | | Simply Southe Cate | <u> </u> | \$ 100, No |
| f, Prior | g. Account Code | h. Form of Payment | i. In-Kind Descript | tion | j. Date (mm/dd/yyy | |
| | | Cash | | | 103814 | \$100,00 |
| | : | | | | | \$ |
| | | | | / | | \$ |
| | ributor Informa | | | | nove | |
| | me, Mailing Addre: e city, state, & zip) | ss & Phone | | b. Job Title/Profes | | d. Comments |
| | | ne Gray 87 | υn | c. Employer's Nam | | |
| | | ins Circl C 28156 | | S+m | | |
| she | elby No | C 38120 | | sport | - ~ (| e. Election Sum to Date |
| 75 | <u> </u> | 1875 | | | | \$100,0D |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descript | tion | j. Date (mm/dd/yyy | y) k. Amount |
| | | Cush | <u> </u> | | 10/20/ ₂₀₁ | 4 \$ 100,00 |
| | | | | | | \$ |
| | | | | | | \$ |
| | al only this Pa | | | | | \$ 220.00 |
| | | tO-1210 Pages of Detailed Summary Pa | CBA-1100) | | | \$ 6255,00 |
| (2100 000 | te miner de qui mue d | V3 2764444444 (7141111111111111111111111111111 | ge C110-1100) | | | i |

| | | om Individua | | Pg | 5 of S | × | Amendment Yes No |
|-------------|--|--------------------------|--------------------|--|---------------------------------------|-------------|---|
| | | ie (and Fund if appl | | onu ioudons und | er 350 ii torin Cr | | D Number |
| | | | | 24 OQ i | ~~~ | | LT LTGITISCI |
| | | Holbn | | ······································ | | <u> </u> | |
| | ributor Informa | | <u> </u> | Add Rei | · · · · · · · · · · · · · · · · · · · | 17.6 | |
| | ame, Malling Addre le city, state, & zip) | ss & Phone | | b. Job Title/Profe | | d. C | comments |
| | | nonnu | | Presic | ient | | |
| | | | | c. Employer's Nar | ne/Specific Field | | |
| P0 | BOX, | 2168 | | MONK | J.E | <u> </u> | |
| Cio | other N | TC 2875 | 50 | sale | \bar{z} | e. E | lection Sum to Date |
| | 70 | 2168 10 2879 44822 | | | | <u> </u> | 300.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) | (y) | k. Amount |
| | | Che or | | | 10129 1017 | | \$ 100,00 |
| | | | | | | | \$ |
| | | | | / | | | \$ |
| 3. Cont | ributor Informa | tion | | Add 🔲 Rer | nove | , | |
| a. Full Na | ame, Mailing Addre | ss & Phone | | b. Job Title/Profes | ssion | đ. C | omments |
| _ | le city, state, & zip) | 5.6.1 | | | | | |
| S | Sara G | rittin | | c. Employer's Nan | ne/Specific Field | ł | |
| D | n Box | 518 | | C. Employer a rear | nospecine Ficu | ł | |
| 1/2/2 | 0. 200 | 518 518 | 084 | | | e, E | lection Sum to Date |
| KIN | gs mo | 5190 00 | • | | | \$ | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) | y) | k. Amount |
| | | chec | | | 10-23. 2014 | | \$100.00 |
| | | | | | | | \$ |
| | | | | _ | | | \$ |
| 3. Cont | ributor Informa | tion | | Add Rei | nove | | |
| | ame, Mailing Addre | ss & Phone | | b. Job Title/Profes | sion | d. C | omments |
| | e city, state, & zip) | DODORE | | } | | | |
| KI | chara | moore | | c. Employer's Nan | ne/Specific Field |] | |
| 5 06 | o Dowi | ning Dr. | | | | <u> </u> | |
| izi o | ac Mnt. | 28C 13N | 86 | | | e. E. | lection Sum to Date |
| | <u> </u> | | | | <u> </u> | | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | otion | j. Date (mm/dd/yy) | (¥ 7 | k. Amount |
| | | Check | | | 10.23-20 | 14 | s 100.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 4. Tot | al only this Pa | age | | | | \$ | 300.11 |
| 5. Tot | al of ALL CR | O-1210 Pages | | | | \$ | (0255,M) |
| | | of Detailed Summary Po | ve CRO-1100) | | | l É | V ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

| Cont | ributions fr | om Individua | le | D. | g (2 of 8 | X | Amendment Yes No |
|----------|-----------------------|----------------------------------|--------------------|--|--------------------|-------------|---------------------|
| | | ndividual contributio | | | | | |
| | | e (and Fund if appl | | | | _ | D Number |
| | | Holbron | | paig | <u>سما</u> | | |
| | ributor Informs | | | | emove | ! | |
| | me, Mailing Addre | ess & Phone | | b. Job Title/Prof | ession | d. C | omments |
| | e city, state, & zip) | . | | ŀ | | | |
| Da | vid Fa | iunce, J ntain St. Uc 2808 | r, | c. Employer's Na | ame/Specific Field | | |
| ILLE | - 00nd | 2505 | 71 | | | e. El | lection Sum to Date |
| King | Je mirty i | 00 2000 | | | | | 50.00 |
| f. Prior | g. Account Code | h. Form of Payment | I. In-Kind Descrip | tion | j. Date (mm/dd/yy) | | k. Amount |
| | | check | | | 10-23/201 | 4 | \$50.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 3. Cont | ributor Inform | ation! | ☑ | Add Re | emove | | |
| | me, Mailing Addre | | | b. Job Title/Prof | ession | a. C | omments |
| (includ | e city, state, & zip) | | - | | | 1 | |
| 12 | irley | Brutk | .0 | c. Employer's Na | ame/Specific Field | 1 | |
| <0. | + Deles | field Dr. | | | | 1 | |
| \\ \(\) | to M | NG 280 | 58U | | | e. E | lection Sum to Date |
| KING | 25 | Brutk field Dr. ,NC 28t | | | | \$ | 50.W |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yy) | yy) | k. Amount |
| | | check | | <u>.</u> . | 10-23- 201 | 4 | \$ 50.00 |
| | | | | <u>. </u> | | | \$ |
| | | | | _ | | | \$ |
| 3. Cont | ributor Inform | ation | | Add R | ешоче | <u> </u> | |
| | me, Mailing Addr | | | b. Job Title/Prot | fession | d. C | omments |
| (includ | e city, state, & zip) | llio c | | 1 | | | |
| 1210 | ary Di | lung 593 , NC 280° | | c. Employer's N | ame/Specific Field | 1 | |
| PU | 60x | 912 | 81, | | | e. E | lection Sum to Date |
| Kin | igs Mnt | , NC 280 | | | | \$ | 40.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | otion | j. Date (nm/dd/yy | уу) | k. Amount |
| | | Cheek | | | 10/22/201 | 4 | s40,00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 4. Tot | al only this P | age | | | | \$ | 140,00 |
| | | RO-1210 Pages | | | | \$ | (0258.W |
| • | | 6 of Detailed Summary P | Page CRO-1100) | | | " | (Dx) 2.00 |

JAN 0 8 2015

Amendment Contributions from Individuals ☐ No 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) 2. ID Number HOLD NOK Campaion Re-elect ☐ Remove 3. Contributor Information . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Hoyt a Bailey c. Employer's Name/Specific Field shelby NC 28151 e. Election Sum to Date j, Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i, In-Kind Description 10-22-\$ 250.00 Check \$ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (înclude city, state, & zip) NC Home Builders ASSOC. Build PAC P.O. Bux 99090 c. Employer's Name/Specific Field NC Home e. Election Sum to Date Ruilders Assuc. RaleighNC 27624 PAC j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f. Prior g. Account Code 10-29-\$ 100.00 CheCK 2014 \$ \$ П Add 3. Contributor Information Remove b. Job Title/Profession d. Comments . Full Name, Mailing Address & Phone (include city, state, & zlp) President Darrell G. Hardin c. Employer's Name/Specific Field 5308 old Town Lane Hardin e. Election Sum to Date Gastonia, NC 28086 Investments \$2,000.00 j. Date (mm/dd/yyyy) | k. Amount g. Account Code h. Form of Payment i. In-Kind Description . Prior \$ 2,000.00 \$ 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)

\$6255.

Amendment Contributions from Individuals ☐ No 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) 2. ID Number Ibrook Campaign Add 3. Contributor Information ☐ Remove b. Job Title/Profession . Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) President Wallace Cheves c. Employer's Name/Specific Field Harvest Lane Cheves Greenville, SC 29401 e. Election Sum to Date Brokerage \$2,000.00 j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment f. In-Kind Description . Prior 10/29/14 \$2,000.00 neck \$ ☑ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) ONNEX Gerald Lipscomb PO BOY 962 c. Employer's Name/Specific Field hi pscomb Prior g. Account Code h. Form of Payment i. In-Kind Descr e. Election Sum to Date j, Date (mm/dd/yyyy) f. Prior 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments , Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description h. Form of Payment . Prior \$ \$

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)



Amendment Disbursements JAN US 2015 Pg 1 of T D Yes D Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 23 ID Number 1. Committee Full Name (and Fund if applicable) ummaw Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses 4. Payee Information ☐ Add □ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Printing c. Level Registered (Specify) E DIXON Blud Federal County: shelpy Ne 28152 State Municipality: e. Election Sum to Date 704-484-1711 g. Form of Payment b. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount . Account Code 10-20-14 1\$5200. W Add ☐ Remove 4. Payee Information . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State 120,00 i. Date (mm/dd/yyyy) k. Required Remarks Account Code j. Amount ☐ Add ☐ Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) eGrand Center c. Level Registered (Specify) 1800 E. Marion St Shelby Nc 28150 ☐ Federal County: e. Election Sum to Date 7 State Municipality: k. Required Remarks h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) i. Amount Account Code room rental+ \$2,796,8S 5. Total only this Page 6. Total of ALL CRO-1310 Hages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising D - To Another Candidate A* - Media B* - Printing G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment J - Penalties K* - Office Expenses O* - Donation to Legal Expense Fund I - Postage

CRO-1310

O* Other

NC State Board of Elections

* Codes require detailed explanation in required remarks field (k)

December 2009

| Dis | bursem | ents |
|-----|---------|---------------------------------------|
| | narochi | · · · · · · · · · · · · · · · · · · · |

| | 2 | | ı Í | Amendment | |
|----|----------|----|-----|-----------|------|
| Pg | <u>_</u> | of | 4 | ☐ Yes | ☐ No |

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

| | ull Name (and Fund | | | 'a'r . | . 4 | 2 ID Number |
|-----------------------|--|--|-------------------------|-----------------------------------|---------------------------|--|
| | ect Holk | | | pais | 7 | |
| 3. Type of Disb | orsement (<i>Please</i> | use separate CR | O-1310 | forms for e | ach type of Disb | ursement.) |
| Operating Expe | | tributions to Candida | | | | rdinated Party Expenditures |
| 4. Payee Inforn | ation | | | Add | Remove | |
| a. Full Name, M | ailing Address & Ph | one | | b. Coordinate | d Committee Name | d. Comments |
| (include city, state, | & zip) | | | j | | |
| Westmo | oreland P | rinters | | | | |
| 2020 | Dixon ! | 2124 | | c. Level Regis | stered (Specify) | |
| | | | | State | County: | dity: e. Election Sum to Date |
| shelby | NC 281 | 50 | | J. Sizic | ининенра | |
| | | _ | ı | <u> </u> | | \$4024.49 |
| f. Account Code | g. Form of Payment | h. Purpose Code | | mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | Check | <u> </u> | 10-2 | 1-14 | \$485.27 | Business cards |
| | | | | | \$ | |
| 4. Pavee Inform | eatlon | TO SERVICE OF THE SER | | Add 🔲 | Remove | |
| | ing Address & Phone | <u> </u> | | b. Coordinate | ed Committee Name | d. Comments |
| (include city, stat | | | | | | |
| Belline | ger Imagunty Line aton, NC 2 | ges | | | | |
| 211016 | intil ine | Trail | | | stered (Specify) | |
| 841400 | willy cline | Condo | | Federal State | County: | ality: e. Election Sum to Date |
| Lincoli | nton, NC - | 8070 | | state | Widincipa | |
| 704 | -813-107 | Ь | | | | \$500.00 |
| | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | Checic | A | 10-2 | 12014 | \$ 500.00 | election vicalo |
| | On C Oil | | | <u> </u> | ¢ . | |
| | | | | Sales | <u> </u> | The state of the s |
| | nation | * ; | | | Remove | e d. Comments |
| 1 | ing Address & Phone | | | b. Coordinate | ed Committee Name | e d. Comments |
| (include city, sta | | | | - | | |
| I WAS S | store | | | c. Level Regis | stered (Specify) | |
| - | | | | ☐ Federal | County: | |
| | | | | ☐ State | Municipa | ality: e. Election Sum to Date |
| | | | | | • | \$922.22 |
| | | | | <u> </u> | γ | 100100 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| | j. Amount | k. Required Remarks |
| | check_ | B _ | IV-a | 2014 | \$308.79 | mail out |
| | | | | | \$ | |
| 5. Total only th | us Page | | | # 1 . The . | : | 181294 03 |
| | L CRO-1310 Pages | <u> </u> | | | | |
| | the contract that is not a second to the contract of the contr | Page CPA 11 | MAREO. | | ac) | \$13659.28 |
| (This time goes in | r line 13a of Detailed Sur r line 13b of Detailed Sur | nmary ruge CKO-11 nmary Page CRO-11 | ion y Ope 100 if Cor | ruing Expensi strib to Candida | ~, ates/Political Comm | |
| | t une 130 of Detailed Sur t line 13c of Detailed Sur | | | | | <u> </u> |
| | odes (List de alec | | | | | Section 1 |
| A* - Media | B* - Printi | | | undraising | D - To | Another Candidate |
| E - Salaries | F* - Equip | • | | litical Party | | olding Public Office Expenses |
| I - Postage | J - Penalti | | |)ffice Expen | | onation to Legal Expense Fund |
| O* Other | _ | | | - . | | , |
| * Codes remin | re detailed explanat | ion in required i | remark | s field (k) | | the forms and a construction of |

| Dis | hn | rce | m | en | te |
|-----------------|-----|------|---|----|----|
| \mathbf{D} 19 | IJU | T 2C | | | w |

| | 0 | 1 i | 1 i | Amendment | | |
|----|----------|-----|-----|-----------|------|--|
| Pg | <u>ع</u> | of | 7 | ☐ 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 Full Name (and Fund if applicable) | | | | | | | 2. ID Number |
|--|----------------------------------|-------------------------|-----------|------------------|-------------------|----------------|-------------------------|
| Re-elect Holbrook campaign | | | | | | | |
| 3. Type of Disb | ursement <i>(Please</i> | use separate CR | O-1310 | forms for e | each type of Disb | urse | ment.) |
| Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures | | | | | | | |
| 4. Payee Inform | nation | | | Add 🔲 | Remove | | ! |
| a. Full Name, M | ailing Address & Pho | one | | b. Coerdinat | ed Committee Name | 9 | d. Comments |
| (include city, state, | & zip) | | | | | | |
| Whati | s wo sho | poer | | | | | |
| 0.5 | ON HIC | ŢΤ. | | | stered (Specify) | | |
| 17.0. | DOX 113 | | , | Federal State | County: | .1: | e. Election Sum to Date |
| Chem | s up sho Box 415 ynille NC | 2802 | | State | Милистра | шсу: | \$ 100.00 |
| t. Account Code | g. Form of Payment | h. Purpose Code | i Date (| l mm/dd/yyyy) | j. Amount | k R | equired Remarks |
| i. Account Code | B | Λ | 10/- | | Г | _ | |
| | Check | 4 | 14/-7 | 12014 | \$ 100.00 | 10 | air page |
| | | | | | \$ | | |
| 4. Payee Inform | nation | | | Add 📋 | Remove | | |
| | ing Address & Phone | | | b. Coordinat | ed Committee Name | 2 | d. Comments |
| (include city, sta | te, & zip) | | | | | | |
| 1016 | N.DIXON | | | | | | |
| V 0 | | Rlud | | _ | stered (Specify) | | |
| 11511 1 | N . D X O | 10104 | | Federal | County: | | |
| رما اه مام | , NC 26 | 1 < 1 | | State | Municipa Municipa | ılity: | e. Election Sum to Date |
| SURIA | NC 28 | 1 21 | | | | | \$ 75.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k Re | equired Remarks |
| | Che CK | A | 11/7 | 12014 | \$37.50 | [| Zadeo I |
| | <u></u> | • | | | \$ | | |
| 4. Payee Inforn | nation | | | Add \square | Remove | _ | |
| _ | ing Address & Phone | | | | ed Committee Name | | d. Comments |
| (include city, stat | te. & zip) | | | | | | |
| 100 | nd Cen- | ex | | 1 | | | |
| LECHA | 100 | ۱ | | c. Level Regi | stered (Specify) | | 1 |
| iann F | manion | 8-1 | | ☐ Federal | County: | | |
| 1000 | , , | | >< | State | Municipa Municipa | lity: | e. Election Sum to Date |
| | NC 29 | | | | | | s // |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | | k-R | equired Remarks |
| | enecu | | 111-10 | -2014 | \$1538.81 | 1 <i>1 e</i> | arana rental |
| | | | | | \$ | | 7 |
| | 1 | | | | | _ | 127 50 |
| 5. Total only this Page \$ 13 /. 5() | | | | | | | |
| | 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | | \$13,659,28 |
| (1 ms une goes in une 130 of Delauea Summary Page CRO-1100 if Contro to Canadamess outlet Comm) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | B* - Printir | • | | undraising | | | her Candidate |
| E - Salaries | | | | | | | |
| I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund | | | | | | | |
| O* Other | | tt | | . et .3.a .4.5 | | | 1 |
| - Coaes regun | <u>re detailed explanati</u> | <u>on in required i</u> | епыска | i méiá (K) | | | |

Pg 4 of 4 Amendment No

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

| 1. Committee Full Name (and Fund if applicable) 2. ID Number | | | | | | | |
|--|-------------------------------|--|----------------------|----------------|-------------------------|----------------|---------------------------------|
| | elect Ed | | olb | NOC | | | 2. ID Number |
| 3. Type of Disb | | e use separate CR | | | and tone of Dis | Lungo | |
| Operating Exp | | ntributions to Candida | ates/Politi | cal Committee | | | ment.) ed Party Expenditures |
| 4. Payee Inform | | ALCOHOLD CO. | | Add | Remove | Oroman | ed Party Expenditures |
| | Mailing Address & Ph | ione | | | ted Committee Name | | d. Comments |
| (include city, state, | ~ | one | | D. COOL | eu Commance 1 | *** | d. Comments |
| Right | ic Dalia | Polling | , | c. Level Regi | istered (Specify) | — | |
| 12912 F | AIGHWOOD | 5 131 Ver | 1 | Federal | | \dashv | |
| Will 2 | CJ + 20 | , i | | State | = | L | e. Election Sum to Date |
| Raici | Highwood Swit 20 | 27404 | | | | | s 200.12 |
| f. Account Code | g rorm of rayment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k. Re | quired Remarks |
| _ ' | Check | A | 11/10 | | \$200.12 | + | 2115 |
| | | | - | <u> </u> | 2 | ╀╌ | ш. |
| 4. Payee Inform | | | ┶ | Add 🔲 | <u> </u> | Щ | |
| _ | ling Address & Phone | | <u> </u> | | Remove | - | |
| a. Filli Name, Mail (include city, stat | _ | | ! | b. Coordinate | ted Committee Name | * | d. Comments |
| (Include 447, | | 1000 | | 1 | | | |
| 5+111 | 2001 0 | MUH | ! | c Level Regi | istered (Specify) | | |
| 777 < | . Lafaye | HP 15+ | 1 | Federal | County: | - | |
| | . Luiu | 111 01 | 1 | State | Municipal | ality: | e. Election Sum to Date |
| Shells | n NC D | · 87 SD | | | lead ** | <u> </u> | |
| | | | la Bata (1 | mm/dd/yyyy) | Is amount | h. 10e | \$ 3083,20 guired Remarks |
| I ACCOUNT SSE | CACA OV | | | 1 | 1000 | K N | |
| <u> </u> | Milka | $\perp \cup \perp$ | 13-3 | <u>-17</u> | \$14219/ | N/ | Ints/SWeatz |
| <u></u> [| 1 | I = I | 1 | J | \$ | | |
| 4. Payee Inform | nation | | | Add 🔲 | Remove | | ··· |
| | ing Address & Phone | | | | ed Committee Name | - 16 | 1. Comments |
| (include city, state | | | ţ | 1 | | | 4 Commence |
| Shol | Li CHAN | | | <i>i</i> | |] | |
| OINCE | by Star Granon | | Ī | c. Level Regis | stered (Specify) | 丁 | |
| 1315 E | Granar | 15-1 | ľ | Federal | County: | | |
| | | | J | ☐ State | ☐ Municipa ^r | lity: e | . Election Sum to Date |
| <u>.</u> | by, NC 28 | | | | | | \$ 875.OV |
| f. Account Code | | h. Purpose Code | i. Date (n | nm/dd/yyyy) | j. Amount | | quired Remarks |
| | Check | 1 A | 11/6/ | 115 1 | 14350 I | A | $oldsymbol{oldsymbol{\wedge}}$ |
| | | | - - | | \$ | | |
| 5. Total only thi | is Page | | | | <u> </u> | | * 1977 A9 |
| _ | | | | | | \rightarrow | \$ 1912.09 |
| | CRO-1310 Pages | - are u | | | | | \$13,659.28 |
| | line 13a of Detailed Sum | | | | | . | \$ 13,057,40 |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| | | | | | Expenauures; | | ····· |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media E - Salaries | 8 | | | | | | |
| E - Salaries I - Postage | | | | | | | Public Office Expenses |
| 0 * Other | J " Fellatue. | S , | KT - OD | uce Exhens | ÆS Q*-Du | natio | n to Legal Expense Funa |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |
| | ~ Mr. serrener fra birthings. | THE RESIDENCE AND THE | Allega po . | VICIU (P) | | | |

Amendment Loan Proceeds ☐ No Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual 1. Committee Full Name (and Fund if applicable) 2. ID Number L'ampaign 3. Lender Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Edder Horbrook Dean e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field levelandf. End Date (mm/dd/yyyy) communicity g. Rate h. Security Pledged j. Form of Payment i. Account Code k. Amount % . Full Name of Lending Institution 4. Endorsers/Makers (The people who guarantee the loan.) a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) d. Percentage e, Amount % S a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) d. Percentage e. Amount % a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) d. Percentage e. Amount % a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) d. Percentage e. Amount % \$ 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)