Yes		No

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 undate information.

Do not use this form to appeare information.				
1. Committee Information	en lande filozofia en			
a. Full Name		•		c. ID Number
Re-elect Holbrook	Can	paion		
b. Mailing Address (include City, State and Zip Code	<u> </u>	1 7		d. Date Filed
201 TROON	07-6			2-10-14
Shelby NC 2	212 D			e. Phone Number
7				104413891
2. Report Year 3. Period Start Date (mm/dd	/yy) 4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name
2014 07-01-14	10-7	8-14	Britta.	7 1- 4001
6. Type of Committee (Check One)	9. Type of Rep			rt from one category)
☐ Candidate Campaign ☐ Party	Municipal	State/County		Referendum
PAC Referendum	Organizational	Organizat	ional	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser	☐ Thirty-five day	I —		Pre-referendum
☐ Legal Expense Fund	Pre-primary	First		Final
	Pre-election	□ Scc		Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Thir		Annual
Booster Fund	Semi-annual	Four		☐ Special
☐ Building Fund	Mid Year	I—		10 Circuit I Than and Manage
—	Year End		Year End	10. Special Report Name
Other:	Final	Final	Ellu	
8. Number of Fundraisers this Report	Special			
		☐ Special	1=1.0	
11. Account Information		11. Account Infor	2000 0 0 0 0	
a. Financial Institution Full Name		a. Financia in fittingon	Harri Marris	<u> </u>
Bank of the Uzar	K S			
h. Purpose c. Account Co	de	b. Purpose 💢 🛈	3 0 2014	c. Account Code
manaan)				
account for		CLEVELAND	CO. BD. EL	ECTION
Receipts + d. Period Beg	in Balance	TIME 2:23	ву С	d Barlod Begin Balance
Expenditures \$ 688	15.49	HVIELE.	b ; <u>~</u>	Us
CERTIFICATION	, , ,			
I certify that the Committee or Fund is in compl	iance with all anni	icable provisions of A	rticle 22A, 22F	3 & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are	commingled with	prohibited or other no	on-disclosed fu	ands. I further certify that this
report is complete, true and correct and that I ha	ve been trained by	the NC State Board o	f Elections.	•
	0 -	1/6		10 00 116
Krithani K Spanaler	Patttt^	of spa	\	10-d0-14
Printed Name of Signer	Sig	nature of Appointed Tres	surer	Date
FOR OFFICE USE ONLY	·····			
	D1	C1~H	<u>Del</u>	ivery Method
Date Received:	Employ	yee: V-1		Normal Mail
Data Doctmonked:	Employ	iee.	□	Registered Mail
Date Postmarked:			- ⊈	Hand Delivered
Date Scanned:	Employ	yee:	_	Electronically Filed
Date Data Entered:	Employ	yee:	_	Signer has not received mandatory training

Please Note: This form cannot be used				
Please Note: This form cannot be used assistant treasurer, or You must amend the Statemen	ustodian of book	s information, or acc	count informa	ation.

Amendment ☐ Yes □ No

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
Re-elect Holbrook Campa			ar ab analysis
Start of Election Cycle: January 1, 2016	· ·	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$16,269.	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$16,269,0	5 \$24044.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$3329.58	84194.85
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)	\$19,598,59	\$ \$30238.85
<u>EXPENDITURES</u>			•
13) Disbursements			<u></u>
13a) Operating Expenditures	(CRO-1310)	s20,472.0	4 \$23,611, 55
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-Kînd Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$20,472.04	\$23,611.55
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$	\$
ADDITIONAL INFORMATION	·1		
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)	\$	\$

Disbursements				Pa of	,	Amendment Yes No	
Use this form to report expenditures t	from the commit	tee for o	perating exp	enses, contribut	ions to		
committees and coordinated party ex	penditures						
1. Committee Full Name (and Fund Re-elect Edd		lbr	77V		2.	ID Number	7
						·	┩
	use separate CR tributions to Candida						_
4. Payee Information	aroudons to Candina	ICS/LOHU	Add	Remove	ordinated	Party Expenditures	4
a. Full Name, Mailing Address & Pho	one			ed Committee Nam	e ld.	Comments	4
(include city, state, & zip)				TO COMMISSION OF THE PARTY OF T		Comments	1
KD Marketi PO BO X 3' Shelby NC	ng/, LL(Ŝ	c. Level Regis	stered (Specify) County: Municipa	ality: e. l	Election Sum to Date	
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f. Account Code g. Form of Payment	h. Purpose Code	i. Date (mm/dd/ yyy y)	j. Amount	k. Requ	ired Remarks	\mathbf{I}_{-i}
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Check	A	94	8-14	\$374	Colo		_ ,
4. Payee Information	, , , , , , , , , , , , , , , , , , ,	' 	Add []	Remove	icoto	or Charles, was	411
a. Full Name, Mailing Address & Phone		<u> </u>		d Committee Nam	e d.	Comments	
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Check	A	09-7	25-2014	\$ 934.06	arg.	der vold sions	1
4. Payee Information	\\	<u>\dagger</u>	Add	Remove	10 1011		1
a. Full Name, Mailing Address & Phone				d Committee Name	e d. 0	Comments	-
(include city, state, & zip)							7
The UPS Sto 1137 E. Mario	n st.		c. Level Regis Federal State	tered (Specify) County: Municipa	Piru a 1	392.3	41
shelby NC	م2120 €			wanterpa			-
704-	471-02	1997	ļ		ŧ	,	
f. Account Code g. Form of Payment	h. Purpose Code	i, Date (1	mm/dd/yyyy)	j. Amount		ired Remarks	
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Check	A	9-18	-14	\$ 112.09	2na	round letters	
5. Total only this Page				•	\$	3074-33	1
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Sum (This line goes in line 13b of Detailed Sum (This line goes in line 13c of Detailed Sum	mary Page CRO-11	00 if Con	trib to Candida	tes/Political Comm	,) \$	20,472.04	
7. Purpose Codes (List detailed	· · · · · · · · · · · · · · · · · · ·						1
A* - Media B* - Printin			andraising	D - To	Another	r Candidate	-
E - Salaries F* - Equipm	_		litical Party			Public Office Expenses	
I - Postage J - Penaltie			ffice Expen			to Legal Expense Fund	
O* Other			-	-		- ·	
* Codes require detailed explanation	on in required r	<u>emarks</u>	field (k)		<u> </u>		_

Disburse	ments	
ア19いは19C 1	исис	

	\circ		Amendment	
Pg	<u> </u>	of	 ☐ Yes	☐ No

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

committees and	i coordinated party ex	penditures					<u></u> _	
1. Committee	Full Name (and Fun	d if applicable)			_		2. ID Number]
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3. Type of Disl	bursement <u>(Please</u>	use separate Cl	RO-1316	forms for	each type	of Disbu	ursement.)	1
Operating Ex		tributions to Candid	ates/Politic	çal Committee	5	Coord	dinated Party Expenditures	
4. Payee Infor			V	Add 🔲	Remove			1
a. Full Name, N	Mailing Address & Ph	one		b. Coordinat	ed Commit	tee Name	d. Comments	1
(include city, state				i				
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5. Total only th	nis Page						\$	1878.76
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	n line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	rating Expensi	es)		\$20,472.04	
_	n line 13b of Detailed Sum					l Comm)	1300710101	
(This line goes in	n line 13c of Detailed Sum	mary Page CRO-11	00 if Coor	dinated Party	Expenditur	es)		Ī
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin			ındraising	1	D - To A	nother Candidate	
E - Salaries	F* - Equip	_		itical Party			ding Public Office Expenses	
I - Postage	J - Penaltie			ffice Expen			nation to Legal Expense Fund	
O* Other				_			_ _	
* Codes requir	re detailed explanation	on in required r	<u>emarks</u>	field (k)				

CRO-1310

NC State Board of Elections

December 2009

Dichi	irsements
DISIN	n sements

Pg ____ of ___ 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 I	ull Name (and Fun	d if applicable)		 :			2. ID Number
Re-el	1.	Ibrook	Co	umpa	jan)	
3. Type of Dish		use separate Cl					ement.)
Operating Exp		tributions to Candid	ates/Politi	car Committee:		Coordina	ated Party Expenditures
4. Payee Inform			₩.	Add	Remove		
	lailing Address & Ph	one		b. Coordinat	ed Committe	e Name	d. Comments
(include city, state,		·		_			
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a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committe	e Name	d. Comments
(include city, stat							
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	line 13b of Detailed Sum					Comm)	\$20,472.04
	line 13c of Detailed Sum						
7. Purpose Co	des (List detailed o	expenditure code	in (h.) a	bove)			
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E - Salaries	F* - Equipn	~		tical Party			g Public Office Expenses
I - Postage	J - Penaltie	S	K* - Of	fice Expens			on to Legal Expense Fund
O* Other				-			-
 Codes require 	detailed explanation	n in required re	marks	field (k)			

Disbursem	ents				_ 4	Amendment	
		from the commit	taa fam		Pg of	D Yes D No	
committees and	coordinated party ex	moin die coming menditures	ice for c	operating ex	penses, contributi	ons to candidate/political	
1. Committee I	ull Name (and Fun	d if applicable)				2. ID Number	_
Re-	elect H	iolbun	nc	Can	Nowa	U	
3. Type of Dish	ursement (Please	use separate Cl	RO-131	forms for	each type of De	ursement)	
Operating Exp		ntributions to Candid				rdinated Party Expenditures	
4. Payee Inform	nation			Add 🔲	Remove	, , , , , , , , , , , , , , , , , , , ,	7
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(include city, state,							_
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4. Payee Inform	nation			Add 🗆	Remove		
. Full Name, Maili	ing Address & Phone	***		b. Coordinat	ed Committee Name	d. Comments	
(include city, stat	te, & zip)						
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i. Full Name, Maili include city, stat)	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments	_
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	re Bia Pi	Libt T	\mathbf{C}	c. Level Remis	stered (Specify)	 	
P.O.	BOXUDI NC 28	10		Federal	County:	- 	
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(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.	Pı	ır	po:	se	Codes	(Li	st (det	aile	d	expenditure cod	le in	(h.)	abov	re)

A* - Media B* - Printing E - Salaries

C* - Fundraising

D - To Another Candidate

F* - Equipment I - Postage J - Penalties

G - Political Party K* - Office Expenses H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$20,472.04

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

Disbursen	nents				Pg 5 of	_	Amendment	
Use this form to	o report expenditures	from the commit	tee for (onaroting or	or or	f	U Yes	
committees and	coordinated party ex	penditures	act for t	operating ex	penses, contribut	uons t	o candidate/political	
1. Committee l	Full Name (and Fun	d if applicable)					2. ID Number	7
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Type of Dist		use separate Cl	RO-1316	forms for a	each type of Dist	burse	ment.)	1
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4. Payee Inform		<u></u>		Add	Remove			1
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include city, stal)				b. Coordinate	ed Committee Name	He (d. Comments	ł
	nore land	nnler	· · · · ·	1				
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Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Rec	quired Remarks	1
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\$20,412.04

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund

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

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E - Salaries

I - Postage

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

CRO-1310

NC State Board of Election NC State Board of Elections

December 2009

Q* - Donation to Legal Expense Fund

Cont	tributions f	rom Individua	ıls	Po	. /		Amendment Yes No
Use thi	s form to report	individual contribution	ons over \$50 or c	ontributions und	ler \$50 if form C	RO	☐ Yes ☐ No 1205 is not used
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Contributions from Individuals

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Amendment Contributions from Individuals П № 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 Re-elect eddie Holbrook campaio 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Stanley+Sherry Crowder 1208 New Crest Ln. Shelby NC 28150 c. Employer's Name/Specific Field LOWES e. Election Sum to Date manage 104-484-8706 s 1,000,00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09-30-s 1,000.00 \$ 3. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) fresident Carl + Doris Dedmon c. Employer's Name/Specific Field 2098 Fallston Rd. Dedmon shelby NC 28151 HarvestStore e. Election Sum to Date system 450.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 09-30-Check <u> 2014</u> \$ 200.00 \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) President David Royster, III 212 Fairway Dr. c. Employer's Name/Specific Field capital e. Election Sum to Date eriubtments 04-484-1931 100.00 Prior g. Account Code h. Form of Payment l. In-Kind Description j. Date (mm/dd/yyyy) 09-30-\$ 100.0D

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5. Total of ALL CRO-1210 Pages

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\$ 1300.00

\$16,269.00

Contributions from Individuals

Contributions from Individuals	Pg	8	of	Amendment Yes	□ No	
Use this form to report individual contributions over \$50 or contributions	unde	r \$50 if	form	CRO 1205 is not us	ed.	

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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 Committee Full Name (and Fund if applicable) 2. ID Number tolbrook Campaion 3. Contributor Information ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) James Frank Love, Jr. c. Employer's Name/Specific Field P.D. BOX 1208 Shelby NC 28151 e. Election Sum to Date 704-487-8336 \$ 45.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 09-30 \$ 20.00 Check \$ 3. Contributor Information Add Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Auto Salesman Dean Davis c. Employer's Name/Specific Field 110 Prestwicket. Gattney Shelby Nr 28152 e. Election Sum to Date 00.00 h. Form of Payment j. Date (mm/dd/yyyy) Prior g. Account Code i. In-Kind Description k. Amount 10-01. \$ 100.00. heck 2014 П 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) G. Bryon Gragg Jr. 200 Conifer Way Shelby NC 28150 c. Employer's Name/Specific Field e. Election Sum to Date \$ 300,00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) 10-03-\$ 300.00

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\$16,269.00

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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 Ke-elect Holbrook 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) president Larry Dooley 14 Heritage Un 5helby NC 28150 c. Employer's Name/Specific Field FUX e. Election Sum to Date Distributing i, In-Kind Description . Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) 10-06-014 he cik \$ Remove 3. Contributor Information Add a. Fuli Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Dean Westmoreland c. Employer's Name/Specific Field 949 Dixon School Rd Grover NC 28073 704-937-7636 e. Election Sum to Date j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment i. In-Kind Description f. Prior k. Amount 10-12-014 \$ 100.00 heek 3. Contributor Information √ Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Attonu Robert Yelton Po Box 1329 c. Employer's Name/Specific Field yelton, Fartourt e. Election Sum to Date Pite, PA i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment

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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 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Mitchell Self c. Employer's Name/Specific Field asaa wiikshire Dr. shellry NC 28150 e. Election Sum to Date \$200,00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description . Prior g. Account Code h. Form of Payment \$ 100.00 neek Remove **∇** Add 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Roy Dedmon 1511 Mc Brayer Springs Rd. Shelby NC 28150 c. Employer's Name/Specific Field Auctioneer 1 e, Election Sum to Date \$ 210.UD 704-487 - 6320 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) . Prior k. Amount 10-13-2014 200.1D П S 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Kelator NC Realtors PAC c. Employer's Name/Specific Field 4511 weybridge Lane Greensbord, NC 27407 NC Realters e. Election Sum to Date PAC \$75*0.0*5 i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code f. Prior h. Form of Payment 10-062014 50.00 \$

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Loan Pr	roceeds			Pg of		Amendment Yes No		
	m to report proceeds from a loan and loa			tion				
A loan proceeds statement must accompany each loan that is from an individual								
	ee Full Name (and Fund if applicable					2. ID Number		
Ke-	elect Eddie	401	broc	TK_				
3. Lender I	nformation		Add □	Remove				
	Mailing Address & Phone		b. Job Title/	Profession	-	l. Comments		
	ie Holbrook	- -	<u> </u>	Dean		Postage		
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g. Rate	h. Security Pledged	i. Accou	nt Code	j. Form of Paymer	t	k. Amount		
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I. Full Name of	f Lending Institution				r	n, Loan Number		
4. Endorser	rs/Makers (The people who guarantee the la	oan.)						
,	Mailing Address & Phone		b. Job Tide/	Profession	c. Em	ployer's Name/Specific Field		
(include city	y, state, & zip)							
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Loan Proceeds			$_{Pg}$ Z_{of}		Amendment Yes No		
Use this form to report proceeds from a loan and loan	endorse	er's informati	ion	_			
A loan proceeds statement must accompany each loan	that is f	rom an indi	vidual				
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704-473-784 S g, Rate b. Security Pledged			College				
	i. Accou	at Code	j. Form of Payment	<u>.</u>	k. Amount		
%			Care	<u>d</u>	\$ 58.49		
l. Full Name of Lending Institution					m. Loan Number		
4. Endorsers/Makers (The people who guarantee the loan	L)						
a. Full Name, Mailing Address & Phone	_	b. Job Title/P	rofession	c. E	mployer's Name/Specific Field		
(include city, state, & zip)				İ			
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Loan Proceeds			B 3		Amendment Yes No				
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