

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES ALLEN 1814 ARBOR WAY DR. SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/16/2010	\$ 100.00	
<input type="checkbox"/>	01	Check		08/23/2010	\$ 150.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK BEAM 440 COUNTRY CLUB ACRES SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY BEAM 440 COUNTRY CLUB ACRES SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

Contributions from Individuals

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Amendment
 Yes 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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILL BEASON 4978 61ST AVENUE SOUTH ST PETERSBURG, FL 33715				b. Job Title/Profession BUSINESS OWNER		d. Comments
				c. Employer's Name/Specific Field B&W FIBERGLASS		
						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	
<input type="checkbox"/>	01	Check		09/02/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANTHONY BERRY PO BOX 326 127 DOGWOOD LANE SHELBY, NC 28151				b. Job Title/Profession BUSINESS OWNER		d. Comments
				c. Employer's Name/Specific Field COMMERCIAL DATA		
						e. Election Sum to Date \$ 110.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 100.00	
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 10.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILLY BLANTON 435 OAK GROVE CLOVER HILL CHURCH RD. LAWNDALE, NC 28090				b. Job Title/Profession SALES		d. Comments
				c. Employer's Name/Specific Field IFH		
						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	
<input type="checkbox"/>	01	Check		07/28/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,110.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF				-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
STEVE BOWEN 3719 WEST DIXON BLVD SHELBY, NC 28152			BUSINESS OWNER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			CRASH'S COLLISION CENTER		
					\$ 750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	BILLBOARD RENTAL FOR SEPTEMBER	09/01/2010	\$ 375.00
<input type="checkbox"/>	01	In-Kind	BILLBOARD RENTAL FOR OCTOBER	10/01/2010	\$ 375.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
CHRISTY BRIDGES 410 OLD STUBBS RD CHERRYVILLE, NC 28021			FOOD SERVICES		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			GONDOLA ITALIAN RESTAURANT		
					\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 20.00
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 40.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JULIE BRITTAIN 6873 HOLLY HAWK COURT CHERRYVILLE, NC 28021			HEALTH CARE		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			COMPLETE CARE		
					\$ 80.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 40.00
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 40.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 890.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80

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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DOUG BROWN 1300 S. DEKALB ST. SHELBY, NC 28152			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field TRIPLE D PUBLISHING		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	
<input type="checkbox"/>	01	Check		08/27/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GAIL BUFF 2149 HONEY HAVEN FARM RD. SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field SHADYSIDE DRAGSTRIP		e. Election Sum to Date \$ 360.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 10.00	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 300.00	
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TARA BUMGARDNER PO BOX 181 EARL, NC 28038			b. Job Title/Profession NURSE		d. Comments	
			c. Employer's Name/Specific Field COMPLETE CARE		e. Election Sum to Date \$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 40.00	
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 940.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

Contributions from Individuals

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Amendment
 Yes 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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DWIGHT CABANISS 132 CABANISS FARM DR. SHELBY, NC 28150				MANAGER		
				c. Employer's Name/Specific Field LOWES		
						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	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field CHEROKEE AUTO AUCTION		
						e. Election Sum to Date \$ 2,487.75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	TICKETS FOR BBQ FUNDRAISER	08/13/2010	\$ 101.29	
<input type="checkbox"/>	01	In-Kind	AD FOR BBQ FUNDRAISER	08/30/2010	\$ 189.50	
<input type="checkbox"/>	01	In-Kind	BILLBOARD RENTAL FOR SEPTEMBER	09/01/2010	\$ 500.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field CHEROKEE AUTO AUCTION		
						e. Election Sum to Date \$ 2,487.75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	FACILITY RENTAL FOR BBQ FUNDRAISER	09/01/2010	\$ 625.00	
<input type="checkbox"/>	01	In-Kind	AD FOR FUNDRAISER	09/02/2010	\$ 270.00	
<input type="checkbox"/>	01	In-Kind	CUTLERY & BUNS FOR BBQ FUNDRAISER	09/15/2010	\$ 261.96	
4. Total only this Page					\$ 2,447.75	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

Contributions from Individuals

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Amendment
 Yes 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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CHEROKEE AUTO AUCTION		
						\$ 2,487.75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	BILLBOARD RENTAL FOR OCTOBER	10/01/2010	\$ 500.00	
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 40.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CHEROKEE AUTO AUCTION		
						\$ 4,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/09/2010	\$ 4,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TOMMY CARROLL 709 WILLIAMS ST KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NC MORTUARY TRANSPORTATION SERVICES INC.		
						\$ 110.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 10.00	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4,650.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RONNIE CHURCH 820 S. POST RD. SHELBY, NC 28152				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CHURCH AUTO PARTS		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 50.00
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 50.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHERRY CROWDER 1208 NEW CREST LANE SHELBY, NC 28150				PHYSICAL EDUCATION TEACHER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CLEVELAND COUNTY SCHOOLS		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 50.00
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 50.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
STANLEY CROWDER 1208 NEW CREST LANE SHELBY, NC 28150				POLICE OFFICER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CITY OF CHERRYVILLE		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 50.00
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 50.00
<input type="checkbox"/>						\$
4. Total only this Page						\$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 31,204.80

Contributions from Individuals

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Amendment

Yes 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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANN DEATON 609 S. WASHINGTON ST. SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field DEATON, BIGGERS, AND HOZA P.L.L.C.		e. Election Sum to Date \$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 20.00	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS ELMORE PO BOX 427 411 WILSON RD. FALLSTON, NC 28042			b. Job Title/Profession SCHOOL TEACHER		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SCHOOL SYSTEM		e. Election Sum to Date \$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNETTE FAIN 106 WYNDHAM COVE CHERRYVILLE, NC 28021			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field COMPLETE CARE		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 380.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GARY GOLD PO BOX 395 LATTIMORE, NC 28089				POLICE OFFICER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CITY OF CHERRYVILLE		
						\$ 719.05
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	TICKETS FOR FUNDRAISER	09/14/2010	\$ 84.05	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 10.00	
<input type="checkbox"/>	01	In-Kind	RENTAL OF GOFORTH BLDG FOR FUNDRAISER	09/22/2010	\$ 625.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRYAN GREENE 877 ARROW STREET LINCOLNNTON, NC 28092				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SHELBY CAFE		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY HAMRICK 1202 TOWNSEND TERRACE KINGS MOUNTAIN, NC 28086				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HAMRICK INSURANCE		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,319.05	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

Contributions from Individuals

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Amendment
 Yes 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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TRAVIS HAMRICK 249 BENTON RD. KINGS MOUNTAIN, NC 28086				DEPUTY		
				c. Employer's Name/Specific Field		
				CLEVELAND COUNTY SHERIFFS OFFICE		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
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 50.00
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 50.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM HARDIN 1004 BROOKHAVEN DR. SHELBY, NC 28152				DEPUTY		
				c. Employer's Name/Specific Field		
				CLEVELAND COUNTY SHERIFF'S OFFICE		e. Election Sum to Date
						\$ 1,670.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/16/2010		\$ 500.00
<input type="checkbox"/>	01	Check		10/14/2010		\$ 1,170.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
FREDDIE HARRILL 833 IVYWOOD DRIVE SHELBY, NC 28150				FARMER		
				c. Employer's Name/Specific Field		
				SELF-EMPLOYED FARMER		e. Election Sum to Date
						\$ 120.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 20.00
<input type="checkbox"/>	01	Check		10/14/2010		\$ 100.00
<input type="checkbox"/>						\$
4. Total only this Page						\$ 1,890.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 31,204.80

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRIAN HAWKINS 411 LEANDER STREET SHELBY, NC 28152				STATE EMPLOYEE		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				STATE OF NC		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 20.00	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 80.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROBIN HENDRICK 109 WILSON FARM RD. SHELBY, NC 28150				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HENDRICK APPLIANCE		
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	10X32 BILLBOARD RENTAL FOR	09/01/2010	\$ 500.00	
<input type="checkbox"/>	01	In-Kind	10X32 BILLBOARD PRODUCTION RENTAL	10/01/2010	\$ 500.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MAX HOPPER DRAWER 40 EARL, NC 28038				SALES		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				MOTOROLA		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY HORD 110 HATCHER SPANGLER RD. SHELBY, NC 28150				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
				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	
<input type="checkbox"/>	01	Check		09/16/2010	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JIM HORN 810 POLKVILLE RD. SHELBY, NC 28150				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
				e. Election Sum to Date		
				\$		210.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		10/14/2010	\$	10.00
<input type="checkbox"/>	01	Check		10/14/2010	\$	200.00
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KATHERINE HAMRICK HOYLE 236 CHURCHVIEW DR. LAWNDALE, NC 28090				BUSINESS OWNER		
				c. Employer's Name/Specific Field WELLINGTON HAMRICK		
				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	
<input type="checkbox"/>	01	Check		10/14/2010	\$	1,000.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,310.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

Contributions from Individuals

Pg 13 of 23

Amendment

Yes 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	
ALAN NORMAN FOR SHERIFF						-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOBBY HUNT 524 APRIL DR. SHELBY, NC 28150				BUSINESS OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				HUNT'S BODY SHOP		\$ 460.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 10.00	
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 50.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TERRI KING PO BOX 1926 KINGS MOUNTAIN, NC 28086				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		09/16/2010		\$ 50.00	
<input type="checkbox"/>	01	Check		10/14/2010		\$ 10.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOBBY LAIL 103 HAMRICK SAND RD. MOORESBORO, NC 28114				TEACHER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CHEROKEE COUNTY SCHOOLS		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/14/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 220.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 31,204.80	

Contributions from Individuals

Pg 14 of 23

Amendment
 Yes 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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH LARI 310 PEACH ST SHELBY, NC 28150			b. Job Title/Profession ASST DISTRICT ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field DISTRICT ATTORNEY'S OFFICE		e. Election Sum to Date \$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 40.00	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 40.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TONYA LEATHERMAN 5036 HARMON ROAD KINGS MOUNTAIN, NC 28086			b. Job Title/Profession VICE PRESIDENT		d. Comments	
			c. Employer's Name/Specific Field C & T LEATHERMAN HOLDINGS, INC		e. Election Sum to Date \$ 2,998.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	TICKETS FOR FUNDRAISER	08/13/2010	\$ 75.32	
<input type="checkbox"/>	01	In-Kind	AD FOR BBQ FUNDRAISER	09/08/2010	\$ 270.00	
<input type="checkbox"/>	01	In-Kind	IMPRINTED CAPS	09/10/2010	\$ 2,652.68	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STUART LEGRAND 511 COLLEGE AVE. SHELBY, NC 28152			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,328.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID LUCKADOO 1412 DEBORAH CIRCLE SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		09/16/2010	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) EARL LUTZ 230 CONIFER WAY SHELBY, NC 28150-7302			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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	
<input type="checkbox"/>	01	Check		10/12/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JIM MARTIN 103 NORTSHORE COURT #1 CHERRYVILLE, NC 28021			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field TIL-MAR TEXTILES		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PETE MCCRAW 2334 MCCRAW RD. MOORESBORO, NC 28114			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BUDDY MCKINNEY 3547 MCKINNEY RD. MOORESBORO, NC 28114			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/05/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL MELTON 505 CRAWLEY GIN RD. SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/14/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 810.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BUFFY MURPHEY 114 CAMELOT COURT KINGS MOUNTAIN, NC 28086				ADMINISTRATIVE ASST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CLEVELAND REGIONAL MEDICAL CENTER		
						\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/16/2010		\$ 20.00
<input type="checkbox"/>	01	Check		09/16/2010		\$ 40.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANNE NANCE PO BOX 513 WACO, NC 28169				ADMINISTRATIVE ASSISTANT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CLEVELAND COUNTY SHERIFF'S OFFICE		
						\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010		\$ 50.00
<input type="checkbox"/>	01	Cash		10/14/2010		\$ 10.00
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BILL NORMAN 210 WORTHINGTON ST. SHELBY, NC 28150				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 120.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/16/2010		\$ 120.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 240.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 31,204.80

Contributions from Individuals

Pg 18 of 23

Amendment
 Yes 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) ALAN NORMAN FOR SHERIFF				2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GENE NORMAN 207 E. DOUBLE SHOALS RD. LAWNDALE, NC 28090			b. Job Title/Profession SELF EMPLOYED		d. Comments
			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 20.00
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 40.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JIM NORMAN 554 CLOVER HILL CHURCH RD LAWNDALE, NC 28090			b. Job Title/Profession RETIRED		d. Comments
			c. Employer's Name/Specific Field RETIRED		
					e. Election Sum to Date \$ 2,680.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/16/2010	\$ 1,400.00
<input type="checkbox"/>	01	Check		10/14/2010	\$ 1,280.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) TIM POWELL 227 OAK GROVE/CLOVER HILL CH RD LAWNDALE, NC 28090			b. Job Title/Profession SALESMAN		d. Comments
			c. Employer's Name/Specific Field SNAP ON TOOLS		
					e. Election Sum to Date \$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/25/2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 2,940.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80

Contributions from Individuals

Pg 19 of 23

Amendment
 Yes 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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GENE RAMSEY 125 DEER BROOK DR. SHELBY, NC 28150			INSURANCE AGENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			WESTERN SOUTHERN INSURANCE		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/02/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JIM ROSE 1838 FAIRVIEW RD SHELBY, NC 28151-0006			BUSINESS OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Rental and Leasing Services		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NORRIS SEAGLE 206 MORIAH SCHOOL RD CASAR, NC 28020			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/11/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages					\$ 31,204.80	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) ALAN NORMAN FOR SHERIFF				2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOEL SHORES 619 BLYTHE RD. SHELBY, NC 28152			b. Job Title/Profession DEPUTY		d. Comments
			c. Employer's Name/Specific Field CLEVELAND COUNTY SHERIFFS OFFICE		
					e. Election Sum to Date \$ 540.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/16/2010	\$ 340.00
<input type="checkbox"/>	01	Check		10/14/2010	\$ 200.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DWIGHT SHUFORD 2913 HIGHLAND CIRCLE SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments
			c. Employer's Name/Specific Field RETIRED		
					e. Election Sum to Date \$ 220.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/16/2010	\$ 220.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBIN SHUFORD 4451 SHUFORD LAKE RD. LAWNDALE, NC 28090			b. Job Title/Profession BUSINESS OWNER		d. Comments
			c. Employer's Name/Specific Field SUBSTATION		
					e. Election Sum to Date \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/16/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,010.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80

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	
ALAN NORMAN FOR SHERIFF					-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JERRY SILVER 1518 W. STAGECOACH TRAIL LAWNDALE, NC 28090				INSURANCE SALESMAN		
				WESTERN SOUTHERN		e. Election Sum to Date
f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) 09/16/2010 k. Amount \$ 100.00						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TOMMY STOCKTON PO BOX 8 LATTIMORE, NC 28089				FARMER		
				SELF EMPLOYED		e. Election Sum to Date
f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) 10/14/2010 k. Amount \$ 100.00						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DAVID TEDDY 139 WESTFIELD RD. SHELBY, NC 28150				SELF EMPLOYED		
				ATTORNEY		e. Election Sum to Date
f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) 09/25/2010 k. Amount \$ 1,000.00						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$						
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages					\$ 31,204.80	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) ALAN NORMAN FOR SHERIFF				2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEWIS RAY THOMAS 158 OAK POINT DR. CHERRYVILLE, NC 28021			b. Job Title/Profession BUSINESS OWNER		d. Comments
			c. Employer's Name/Specific Field RAY THOMAS PETROLEUM		
					e. Election Sum to Date \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/16/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GREG THOMPSON 719 BETHLEHEM CHURCH RD. KINGS MOUNTAIN, NC 28086			b. Job Title/Profession SALES		d. Comments
			c. Employer's Name/Specific Field CHEROKEE AUTO AUCTION		
					e. Election Sum to Date \$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Cash		09/16/2010	\$ 30.00
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 30.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) EDWARD WALKER 203 HIPPS ST. SE VALDESE, NC 28690			b. Job Title/Profession RETIRED		d. Comments
			c. Employer's Name/Specific Field RETIRED		
					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
<input type="checkbox"/>	01	Check		09/16/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 410.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,204.80

Contributions from Individuals

Pg 23 of 23

Amendment
 Yes 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) ALAN NORMAN FOR SHERIFF					2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROGER WHITLEY 2303 PENINSULA AVE. SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		10/14/2010	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDWARD YARBORO 2140 MCBRAYER SPRINGS RD. SHELBY, NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DEDMON'S HARVESTORE		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/25/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 110.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,204.80	

Contributions from Political Party Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) ALAN NORMAN FOR SHERIFF				2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEMOCRATIC WOMEN OF CLEVELAND COUNTY 2610 FALLSTON-WACO RD. SHELBY, NC 28150				b. Comments	
				c. Election Sum to Date \$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
01	Check		09/25/2010	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NORTH CAROLINA DEMOCRATIC PARTY - CONGRESSIONAL DISTRICT FUNDS 220 HILLSBOROUGH ST. RALEIGH, NC 27603-1724				b. Comments	
				c. Election Sum to Date \$ 600.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
01	Check		09/25/2010	\$ 600.00	
				\$	
				\$	
4. Total only this Page				\$ 700.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 700.00	

Contributions from Other Political Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) ALAN NORMAN FOR SHERIFF			2. ID Number -XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOUTHERN STATES PBA 2155 HWY 42 S MCDONOUGH, GA 30252-7636 (800) 233-3506		b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	Check		10/12/2010	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 500.00

CRO-1230

NC State Board of Elections

April 2007

Disbursements

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	
ALAN NORMAN FOR SHERIFF						-XCBU2C--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ALPHA PRINTING AND MAILING PO BOX 1178 SHELBY, NC 28151-1178							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 4,769.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	10/06/2010	\$ 529.77	CAMPAIGN CARDS & PALM CARDS		
01	Check	I	10/06/2010	\$ 2,359.23			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ALPHA PRINTING AND MAILING PO BOX 1178 SHELBY, NC 28151-1178							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 4,769.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	10/15/2010	\$ 1,733.80	BI-FOLD CARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CLEVELAND COUNTY FAIR, INC 1751 EAST MARION STREET SHELBY, NC 28152							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 470.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	07/29/2010	\$ 400.00	GAZEBO RENTAL AT FAIRGROUNDS		
01	Check	O	09/29/2010	\$ 70.00	INSURANCE FOR FAIR		
5. Total only this Page						\$ 5,092.80	
6. Total of ALL CRO-1310 Pages						\$ 19,010.65	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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	
ALAN NORMAN FOR SHERIFF						-XCBU2C--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CLEVELAND HEADLINE NEWS 215 SOUTH WASHINGTON ST. SUITE 101 SHELBY, NC 28150							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 325.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/06/2010	\$ 325.00	COMMERCIAL PRODUCTION		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
COMMUNITY FIRST MEDIA 503 N LAFAYETTE ST. SHELBY, NC 28151-2424 (704) 484-1047							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 420.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/05/2010	\$ 270.00	3X6 AD WITH COLOR		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
D. J.'S OF NC, INC 3705 FALLSTON RD. SHELBY, NC 28150							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 420.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	09/02/2010	\$ 340.00	T-SHIRTS		
01	Check	B	10/01/2010	\$ 32.00	T-SHIRTS		
5. Total only this Page						\$ 967.00	
6. Total of ALL CRO-1310 Pages						\$ 19,010.65	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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) ALAN NORMAN FOR SHERIFF	2. ID Number -XCBU2C--
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3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> D. J.'S OF NC, INC 3705 FALLSTON RD. SHELBY, NC 28150			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	10/12/2010	\$ 48.00	T-SHIRTS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> DEER BROOK RESTAURANT 201 DEER BROOK DRIVE SHELBY, NC 28150			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 198.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/11/2010	\$ 198.00	BREAKFAST FOR SENIOR GOLFERS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GATEWAY FEST - CITY OF KINGS MOUNTAIN PO Box 429 KINGS MOUNTAIN, NC 28086			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 20.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/04/2010	\$ 20.00	BOOTH RENTAL FOR GATEWAY FEST
				\$	

5. Total only this Page	\$ 266.00
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 19,010.65
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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	O* - Other
* Codes require detailed explanation in required remarks field (k)			

Disbursements

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	
ALAN NORMAN FOR SHERIFF						-XCBU2C--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
HARRY MCKEE COOKING PO BOX 247 BOILING SPRINGS, NC 28017							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 3,085.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	09/16/2010	\$ 3,085.54	BBQ FOR FUNDRAISER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MY CAMPAIGN STORE 902 E. COURT AVE. JEFFERSONVILLE, IN 47130 (800) 928-9480							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 5,698.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	08/13/2010	\$ 5,323.76	SIGNS, PENCILS & MAGNETS		
01	Check	B	08/18/2010	\$ 374.55	SCRATCH PADS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
NC FORFEITURE FUND 506 NORTH HARRINGTON ST. RALEIGH, NC 27603						The campaign received a letter without a return address containing a \$1.00 bill from an anonymous source. Upon	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	10/01/2010	\$ 1.00	FORFEITURE OF ANONYMOUS		
				\$			
5. Total only this Page						\$ 8,784.85	
6. Total of ALL CRO-1310 Pages						\$ 19,010.65	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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	
ALAN NORMAN FOR SHERIFF						-XCBU2C--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
PUBLIC POLICY POLLING 3020 HIGHWOODS BLVD RALEIGH, NC 27604				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	09/23/2010	\$ 1,350.00	POLL		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
THE STAR PO BOX 48 SHELBY, NC 28150 (704) 484-7014				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	09/21/2010	\$ 2,300.00	ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WOHS 1511 W. DIXON BLVD. SHELBY, NC 28152				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/01/2010	\$ 250.00	ADS		
				\$			
5. Total only this Page						\$ 3,900.00	
6. Total of ALL CRO-1310 Pages						\$ 19,010.65	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

Pg 1 of 3

Amendment Yes No

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ALAN NORMAN FOR SHERIFF		-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
STEVE BOWEN 3719 WEST DIXON BLVD SHELBY, NC 28152		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 750.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BILLBOARD RENTAL FOR SEPTEMBER		09/01/2010	\$ 375.00
BILLBOARD RENTAL FOR OCTOBER		10/01/2010	\$ 375.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,487.75
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TICKETS FOR BBQ FUNDRAISER		08/13/2010	\$ 101.29
AD FOR BBQ FUNDRAISER		08/30/2010	\$ 189.50
BILLBOARD RENTAL FOR SEPTEMBER		09/01/2010	\$ 500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,487.75
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FACILITY RENTAL FOR BBQ FUNDRAISER		09/01/2010	\$ 625.00
AD FOR FUNDRAISER		09/02/2010	\$ 270.00
CUTLERY & BUNS FOR BBQ FUNDRAISER		09/15/2010	\$ 261.96
4. Total only this Page			\$ 2,697.75
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 7,904.80

In-Kind Contributions

Pg 2 of 3

Amendment
 Yes No

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ALAN NORMAN FOR SHERIFF		-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BETTY CARRIGAN 5054 HARMON RD. KINGS MOUNTAIN, NC 28086		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,487.75
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BILLBOARD RENTAL FOR OCTOBER		10/01/2010	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
GARY GOLD PO BOX 395 LATTIMORE, NC 28089		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 719.05
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TICKETS FOR FUNDRAISER		09/14/2010	\$ 84.05
RENTAL OF GOFORTH BLDG FOR FUNDRAISER		09/22/2010	\$ 625.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ROBIN HENDRICK 109 WILSON FARM RD. SHELBY, NC 28150		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1,000.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
10X32 BILLBOARD RENTAL FOR SEPTEMBER		09/01/2010	\$ 500.00
10X32 BILLBOARD PRODUCTION RENTAL FOR OCTOBER		10/01/2010	\$ 500.00
			\$
4. Total only this Page			\$ 2,209.05
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 7,904.80

In-Kind Contributions

Pg 3 of 3

Amendment
 Yes No

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ALAN NORMAN FOR SHERIFF		-XCBU2C--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
TONYA LEATHERMAN 5036 HARMON ROAD KINGS MOUNTAIN, NC 28086		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2,998.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
TICKETS FOR FUNDRAISER	08/13/2010	\$ 75.32	
AD FOR BBQ FUNDRAISER	09/08/2010	\$ 270.00	
IMPRINTED CAPS	09/10/2010	\$ 2,652.68	
4. Total only this Page		\$ 2,998.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 7,904.80	

CRO-1510

NC State Board of Elections

December 2007