

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) TAMMY GELOT 144 N SHORE DR CHERRYVILLE, NC 28021			b. Job Title/Profession HOMEMAKER		d. Comments	
			c. Employer's Name/Specific Field HOMEMAKER		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		02/20/2010	\$ 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) GARY GOLD PO BOX 395 LATTIMORE, NC 28089			b. Job Title/Profession POLICE OFFICER		d. Comments	
			c. Employer's Name/Specific Field CITY OF CHERRYVILLE		e. Election Sum to Date \$ 545.00	
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		03/11/2010	\$ 25.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 20.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN GOLD 710 NALLEY DR SHELBY, NC 28150			b. Job Title/Profession TEACHER		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SCHOOLS		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		01/14/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 245.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

Contributions from Individuals

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) JIMMY GREENE 805 W. SUMTER ST. SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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)	k. Amount	
<input type="checkbox"/>	01	Check		03/26/2010	\$ 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) PAUL GRIGG 956 CASAR LAWNDALE RD LAWNDALE, NC 28090			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		02/27/2010	\$ 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) C. E. HAMRICK P.O. BOX 916 BOILING SPRINGS, NC 28017			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Motor Vehicle and Parts Dealers		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		02/27/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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	
DENNIS HAMRICK 742 OLD BOILING SPRINGS RD SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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	
KATHRYN HAMRICK 742 OLD BOILING SPRINGS RD SHELBY, NC 28152			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Check		11/19/2009	\$ 20.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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	
KRISTEN HAMRICK 249 BENTON RD KINGS MOUNTAIN, NC 28086			BANKER			
			c. Employer's Name/Specific Field			
			PREMIER CREDIT UNION			
					e. Election Sum to Date	
					\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 25.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 30.00	
4. Total only this Page					\$ 155.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,974.08	

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) RONALD HAMRICK PO BOX 484 EARL, NC 28038			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field HAMRICK WELDING AND FABRICATION		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		01/14/2010	\$ 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) TRAVIS HAMRICK 249 BENTON RD. KINGS MOUNTAIN, NC 28086			b. Job Title/Profession DEPUTY		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SHERIFFS OFFICE		e. Election Sum to Date \$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 25.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM HARDIN 1004 BROOKHAVEN DR. SHELBY, NC 28152			b. Job Title/Profession DEPUTY		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SHERIFF'S OFFICE		e. Election Sum to Date \$ 2,750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		03/10/2010	\$ 400.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,575.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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
WILLIAM HASTINGS 1610 W STAGECOACH TRAIL LAWNDALE, NC 28090				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 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		01/13/2010	\$ 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
BRIAN HAWKINS 411 LEANDER STREET SHELBY, NC 28152				STATE EMPLOYEE		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				STATE OF NC		
						\$ 338.96
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		03/11/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 110.00	
<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
KEITH HAWKINS 1307 WESSON RD. SHELBY, NC 28152				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 90.00
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		03/11/2010	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

Contributions from Individuals

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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) ROBIN HENDRICK 109 WILSON FARM RD. SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field HENDRICK APPLIANCE		e. Election Sum to Date \$ 1,750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/12/2010	\$ 250.00	
<input type="checkbox"/>	01	In-Kind	10X32 BILLBOARD PRODUCTION AND 2	03/12/2010	\$ 1,500.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANDREW HOPPER 505 MONROE ST. SHELBY, NC 28150			b. Job Title/Profession SOCIAL WORK		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY DSS		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		04/08/2010	\$ 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) STEVE HORD 110 HATCHER SPANGLER RD. SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		e. Election Sum to Date \$ 242.74	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	In-Kind	T-SHIRTS	03/12/2010	\$ 129.30	
<input type="checkbox"/>	01	In-Kind	CAPS	03/25/2010	\$ 51.72	
4. Total only this Page					\$ 2,031.02	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) STEVE HORD 110 HATCHER SPANGLER RD. SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		e. Election Sum to Date \$ 242.74	
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	CAPS	03/31/2010	\$ 51.72	
<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) DANIEL HOWELL 2870 BETTIS RD. GROVER, NC 28073			b. Job Title/Profession POLICE OFFICER		d. Comments	
			c. Employer's Name/Specific Field CHERRYVILLE CITY POICE DEPARTMENT		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 70.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATTY HUGHES 850 DIXON SCHOOL RD. KINGS MOUNTAIN, NC 28086			b. Job Title/Profession CHILD NUTRITION		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SCHOOLS		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		02/28/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 60.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 231.72	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) WANDA JAMES 2217 ALBERT BLANTON RD. SHELBY, NC 28152			b. Job Title/Profession COUNTY EMPLOYEE		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY		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		03/26/2010	\$ 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) DANA KAY 116 FALLSTON HEIGHTS DR FALLSTON, NC 28042-0478			b. Job Title/Profession HOME HEALTH WORKER		d. Comments	
			c. Employer's Name/Specific Field HOME HEALTH AGENCY		e. Election Sum to Date \$ 1,500.00	
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		02/22/2010	\$ 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) TERRI KING PO BOX 1926 KINGS MOUNTAIN, NC 28086			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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	Check		04/08/2010	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,060.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) JOHN LAUGHLIN 216 CHURCHVIEW DR. LAWNDALE, NC 28090			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field LAUGHLIN FURNITURE		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		01/22/2010	\$ 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) 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 \$ 3,281.25	
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	BBQ FOR FUNDRAISER	04/08/2010	\$ 3,281.25	
<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) BILL LOVELACE PO BOX 177 LATTIMORE, NC 28089			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		04/08/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,481.25	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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)			b. Job Title/Profession		d. Comments	
EMILY LUTZ 177 COUNTYWOOD DR. FOREST CITY, NC 28043			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			LUTZ PETROLEUM			
					e. Election Sum to Date	
					\$ 150.00	
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		03/10/2010	\$ 150.00	
<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	
HORACE LUTZ 200 N MAIN ST. WACO, NC 28169			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 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)			b. Job Title/Profession		d. Comments	
TRAVIS MANGUM 209-A PATTON DR SHELBY, NC			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			MANGUM AND ASSOCIATES			
					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		04/16/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,974.08	

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	
EUGENE MATHENEY 404 LEANDER ST SHELBY, NC 28152			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			INDUSTRIAL SPORT SALES			
					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		04/08/2010	\$ 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	
PATRICK MAUNEY 1767 REHOBETH CHURCH RD SHELBY, NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			Securities, Commodity Contracts, and Other Financial Investments and Related Activities			
					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		02/18/2010	\$ 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	
RANDY MCKEE PO BOX 389 FALLSTON, NC 28042			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			ANTIQUE RESTORATION			
					e. Election Sum to Date	
					\$ 70.00	
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		03/01/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 20.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,974.08	

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) TODD MCMURRY 1233 BOYD CT. SHELBY, NC 28150			b. Job Title/Profession FIREFIGHTER		d. Comments	
			c. Employer's Name/Specific Field CITY OF SHELBY		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		04/08/2010	\$ 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) MICHELLE MILLER PO BOX 635 5250 FALLSTON RD. FALLSTON, NC 28042			b. Job Title/Profession SOCIAL WORKER		d. Comments	
			c. Employer's Name/Specific Field LINCOLN COUNTY DSS		e. Election Sum to Date \$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	In-Kind	BOOTH AT FOOTHILLS MERRY GO ROUND	02/18/2010	\$ 25.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 25.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHELLE MILLER PO BOX 635 5250 FALLSTON RD. FALLSTON, NC 28042			b. Job Title/Profession SOCIAL WORKER		d. Comments	
			c. Employer's Name/Specific Field LINCOLN COUNTY DSS		e. Election Sum to Date \$ 70.00	
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		04/08/2010	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 160.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) HARISH MIRCHANDANI 1320 E DIXON BLVD SHELBY, NC 28152			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Clothing and Clothing Accessories Stores		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		02/20/2010	\$ 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) KEVIN MULL 129 MAGEL RD. SHELBY, NC 28152			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field SOUTHERN GEM NURSERY		e. Election Sum to Date \$ 285.90	
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		02/01/2010	\$ 235.90	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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) BILL NORMAN 210 WORTHINGTON ST. SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			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		01/15/2010	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 10.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 445.90	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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
JANE NORMAN 210 WORTHINGTON RD. SHELBY, NC 28150				ADMINISTRATIVE ASSISTANT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HAMRICK INSURANCE CO.		
						\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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
JIM NORMAN 554 CLOVER HILL CHURCH RD LAWNDALE, NC 28090				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 1,610.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/06/2010	\$ 1,500.00	
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
JIM NORMAN 554 CLOVER HILL CHURCH RD LAWNDALE, NC 28090				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 1,610.00
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		04/08/2010	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,570.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) PAM NORMAN 568 OAK GROVE CLOVER HILL CHURCH RD LAWNDALE, NC 28090			b. Job Title/Profession OFFICE STAFF		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SCHOOLS		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 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) PAT 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 \$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		03/11/2010	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 10.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DORIS PACE 1423 A.A. BARRETT RD. 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		03/26/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) DILIP PATEL 920 FALLSTON RD SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Gasoline Stations		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		02/20/2010	\$ 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) GARY PATEL 825 W DIXON BLVD SHELBY, NC 28152			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field ECONO LODGE		e. Election Sum to Date \$ 150.00	
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		02/20/2010	\$ 150.00	
<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) JAGDISH PATEL 1335 MOONSHADOW LANE SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Gasoline Stations		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		02/20/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) NARHARI PATEL 931 HAMPTON ST. APT 4 SHELBY, NC 28152			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Gasoline Stations		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		02/20/2010	\$ 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) SUMIL PATEL 920 FALLSTON RD. SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field Gasoline Stations		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		02/20/2010	\$ 200.00	
<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) SURESH PATEL 1712 COUNTRY GARDEN DRIVE SHELBY, NC 28150			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field DAYS INN		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		01/20/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) C. J. PEDERSEN PO BOX 156 POLKVILLE, NC 28136			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		e. Election Sum to Date \$ 345.00	
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		04/08/2010	\$ 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) ARIC PORTER 517 STONEY POINT RD. KINGS MOUNTAIN, NC 28086			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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	Check		04/08/2010	\$ 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) DENNIS RENO 1003 POINT CROSSING COURT SHELBY, NC 28152			b. Job Title/Profession CHIROPRACTOR		d. Comments	
			c. Employer's Name/Specific Field RENO CHIROPRACTIC		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		03/02/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,110.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) GENE RIPPY PO BOX 2363 517 W WARREN ST SHELBY, NC 28151			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field FREEMAN ACCOUNTING		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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) JIM ROEMER PO BOX 717 BOILING SPRINGS, NC 28017			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field PAINBALL EXPRESS		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		04/08/2010	\$ 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) DAVID ROYSTER 212 FAIRWAY DR SHELBY, NC 28150-4821			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field ROYSTER TRANSPORT		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		03/26/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) STEVE SARRATT PO BOX 14 EARL, NC				b. Job Title/Profession FARMER		d. Comments
				c. Employer's Name/Specific Field SELF EMPLOYED		
				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		03/26/2010	\$ 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) 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 \$ 1,205.00		
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		03/11/2010	\$ 25.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 180.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 1,000.00	
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 \$ 650.00		
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		03/05/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,855.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) 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 \$ 1,050.00	
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		04/08/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/16/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JACK SHYTLE PO BOX 211 123 SHYTLE DRIVE POLKVILLE, NC 28136			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date \$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Check		03/06/2010	\$ 100.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 30.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LINDA SHYTLE PO BOX 211 123 SHYTLE DR. POLKVILLE, NC 28136			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
					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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 10.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,190.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

Contributions from Individuals

Pg 35 of 39

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	
DAVID SPANGLER 123 JIM CLINE RD. LAWNDALE, NC 28090			MANAGER			
			c. Employer's Name/Specific Field			
			CHALLENGER III GOLF COURSE		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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	
GINA SPANGLER 123 JIM CLINE RD. LAWNDALE, NC 28090			HOMEMAKER			
			c. Employer's Name/Specific Field			
			HOMEMAKER		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 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	
JOE SPANGLER PO BOX 292 FALLSTON, NC 28042			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			CHALLENGER III GOLF COURSE		e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 20.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 120.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,974.08	

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) JOREKA SPANGLER PO BOX 292 FALLSTON, NC 28042			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field CHALLENGER III GOLF COURSE		e. Election Sum to Date \$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 50.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 20.00	
<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 STAMEY PO BOX 10 POLKVILLE, NC 28136			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		02/11/2010	\$ 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) BOBBY STEEN 2802 ROCKFORD RD. SHELBY, NC 28152			b. Job Title/Profession POLICE OFFICER		d. Comments	
			c. Employer's Name/Specific Field CLEVELAND COUNTY SHERIFFS OFFICE		e. Election Sum to Date \$ 90.00	
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		03/02/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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) ANGIE STOCKTON PO BOX 11 LATTIMORE, NC 28089			b. Job Title/Profession LETTER CARRIER		d. Comments	
			c. Employer's Name/Specific Field USPS		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 checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 10.00	
<input type="checkbox"/>	01	Check		03/09/2010	\$ 100.00	
<input type="checkbox"/>	01	Cash		04/08/2010	\$ 10.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOE STOCKTON PO BOX 1001 ELLENBORO, NC 28040			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		04/09/2010	\$ 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) C. D. THOMAS 106 ABBINGTON LANE SHELBY, NC 28150			b. Job Title/Profession RETIRED		d. Comments	
			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		03/05/2010	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,360.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

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	
JEAN THOMAS 2420 N WHITE OAK DR SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		11/19/2009	\$ 20.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 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	
WAYNE THOMAS 1624 SPANGLER DR. SHELBY, NC 28150			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
					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		02/24/2010	\$ 100.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 20.00	
<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	
CAROLYN WESTMORELAND 949 DIXON SCHOOL RD. GROVER, NC 28073			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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		02/16/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 670.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 31,974.08	

Contributions from Individuals

Pg 39 of 39

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	
DEAN WESTMORELAND 949 DIXON SCHOOL RD. GROVER, NC 28073			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 620.00	
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		03/11/2010	\$ 50.00	
<input type="checkbox"/>	01	Check		04/08/2010	\$ 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	
MARK WHISNANT PO BOX 586 4645 CASAR RD. POLKVILLE, NC 28136			TECHNICIAN			
			c. Employer's Name/Specific Field			
			NC DEPT OF TRANSPORTATION			
					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		04/08/2010	\$ 200.00	
<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	
JAMES WILKINS 307 WINDSOR DRIVE SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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)	k. Amount	
<input type="checkbox"/>	01	Check		03/12/2010	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 590.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 31,974.08	

Loan Proceeds

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ALAN NORMAN FOR SHERIFF		-XCBU2C--	
3. Lender 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
ALAN NORMAN 568 OAK GROVE/CLOVER HILL CH RD LAWNDALE, NC 28090		POLICE OFFICER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		CLEVELAND COUNTY SHERIFF'S OFFICE	04/02/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0.000 %	NONE	01	Check
			k. Amount
			\$ 4,000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 4,000.00

Other Receipt Sources

Pg 1 of 1

Amendment
 Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ALAN NORMAN FOR SHERIFF		-XCBU2C--	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>			
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income			
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments
BB&T CREDIT LINE 400 S. LAFAYETTE ST. SHELBY, NC 28150			
		c. Outside Source Explanation	e. Election Sum to Date
		MONEY ADVANCED AUTOMATICALLY FROM CREDIT LINE LINKED TO ACCOUNT	\$ 1,200.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy) j. Amount
01	Electric Funds Tran		03/29/2010 \$ 1,200.00
			\$
5. Total only this Page			\$ 1,200.00
6. Total of ALL CRO-1250 Pages			\$ 1,200.00
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>			
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>			
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>			

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 (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				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:		\$ 1,681.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	BI	04/16/2010	\$ 1,681.14	DIRECT MAIL AND POSTAGE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BB&T CREDIT LINE 400 S. LAFAYETTE ST. SHELBY, NC 28150							
				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:		\$ 1,218.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	04/13/2010	\$ 1,208.88	PAY OFF OF CREDIT LINE ADVANCE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BEL GRAPHICS PO BOX 374 MOUNT HOLLY, NC 28120 (704) 827-3796							
				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:		\$ 1,679.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	01/22/2010	\$ 734.94	SIGNS		
01	Check	A	02/16/2010	\$ 945.00	SIGNS		
5. Total only this Page						\$ 4,569.96	
6. Total of ALL CRO-1310 Pages						\$ 50,399.15	
<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	
CAMPAIGN CONNECTIONS 3141 JOHN HUMPHRIES WYND SUITE 136 RALEIGH, NC 27612 (919) 834-8994							
				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:		\$ 29,113.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	02/16/2010	\$ 1,772.96	PHOTOGRAPHY, DOOR HANGERS		
01	Check	O	03/15/2010	\$ 2,334.51	POLLING AND PHOTOGRAPHY		
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	
CAMPAIGN CONNECTIONS 3141 JOHN HUMPHRIES WYND SUITE 136 RALEIGH, NC 27612 (919) 834-8994							
				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:		\$ 29,113.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	03/26/2010	\$ 18,000.00	DIRECT MAIL		
01	Check	O	04/14/2010	\$ 1,500.00	POLLING		
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 BOARD OF ELECTIONS PO BOX 1299 SHELBY, NC 28150							
				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:		\$ 623.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	02/08/2010	\$ 623.00	FILING FEE		
				\$			
5. Total only this Page						\$ 24,230.47	
6. Total of ALL CRO-1310 Pages						\$ 50,399.15	
<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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) ALAN NORMAN FOR SHERIFF	2. ID Number -XCBU2C--
---	----------------------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> CLEVELAND HEADLINE NEWS 215 SOUTH WASHINGTON ST. SUITE 101 SHELBY, NC 28150	b. Coordinated Committee Name	d. Comments
	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 \$ 3,978.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	03/24/2010	\$ 988.00	76 SPOTS 4/16/10 - 5/4/10
01	Check	A	03/26/2010	\$ 2,990.00	230 SPOTS 3/18/10 - 5/4/10

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> COMMUNITY FIRST MEDIA 503 N LAFAYETTE ST. SHELBY, NC 28151-2424 (704) 484-1047	b. Coordinated Committee Name	d. Comments
	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 \$ 1,131.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	04/06/2010	\$ 360.00	AD IN NEWSPAPER
01	Check	A	04/12/2010	\$ 540.00	ADS IN SHELBY SHOPPER

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> COOK MEDIA GROUP PO BOX 438 LATTIMORE, NC 28089 (704) 473-8874	b. Coordinated Committee Name	d. Comments
	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 \$ 60.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	04/06/2010	\$ 60.00	DOMAINS
				\$	

5. Total only this Page \$ 4,938.00

6. Total of ALL CRO-1310 Pages \$ 50,399.15
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

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 (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CREATIVE SIGN SERVICE PO BOX 246 SHELBY, NC 28151 (704) 487-5971							
				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:		\$ 1,450.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	02/12/2010	\$ 950.00	8X20 BILLBOARD		
01	Check	A	03/12/2010	\$ 500.00	BILLBOARD RENTAL		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
D. J.'S OF NC, INC 3705 FALLSTON RD. SHELBY, NC 28150							
				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:		\$ 546.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	01/28/2010	\$ 138.00	T-SHIRTS		
01	Check	B	03/27/2010	\$ 100.00	T-SHIRTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DALE ADVERTISING 2523 TAYLOR RD. SHELBY, NC 28152 (704) 484-0971							
				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:		\$ 5,851.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	01/15/2010	\$ 1,950.76	16X26 SIGNS		
01	Check	B	02/04/2010	\$ 1,950.26	16X26 SIGNS		
5. Total only this Page						\$ 5,589.02	
6. Total of ALL CRO-1310 Pages						\$ 50,399.15	
<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> GOLDEN CORRAL 1108 E. DIXON BLVD SHELBY, NC 28152				b. Coordinated Committee Name 		d. Comments
				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 \$ 153.78		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	01/12/2010	\$ 153.78	MEAL FOR MEETING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GONDOLA 306 E. DIXON BLVD. SHELBY, NC 28152				b. Coordinated Committee Name 		d. Comments
				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 \$ 1,275.80		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	C	03/12/2010	\$ 1,275.80	FOOD 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> INDUSTRIAL SPORT SALES 404 LEANDER STREET SHELBY, NC 28152 (704) 487-6888				b. Coordinated Committee Name 		d. Comments
				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 \$ 1,315.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	02/16/2010	\$ 300.00	CAPS	
01	Check	B	03/13/2010	\$ 192.00	CAPS	
5. Total only this Page						\$ 1,921.58
6. Total of ALL CRO-1310 Pages						\$ 50,399.15
<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 <i>(List detailed expenditure code in (h.) above)</i>						
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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) ALAN NORMAN FOR SHERIFF	2. ID Number -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 Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> INDUSTRIAL SPORT SALES 404 LEANDER STREET SHELBY, NC 28152 (704) 487-6888	b. Coordinated Committee Name	d. Comments
	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 \$ 1,315.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	03/31/2010	\$ 288.00	CAPS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> SHELBY PRINTING PO BOX 1178 SHELBY, NC 28151 (704) 406-5423	b. Coordinated Committee Name	d. Comments
	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 \$ 452.12	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	02/10/2010	\$ 452.12	CAMPAIGN CARDS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> THE STAR PO BOX 48 SHELBY, NC 28150 (704) 484-7014	b. Coordinated Committee Name	d. Comments
	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 \$ 3,600.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	03/10/2010	\$ 2,300.00	ADVERTISEMENT
01	Check	A	04/06/2010	\$ 1,300.00	AD IN NEWSPAPER

5. Total only this Page	\$ 4,340.12
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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>	\$ 50,399.15
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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 (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORY STORE 5200 SW 30TH ST DAVENPORT, IA 52802 (888) 968-2688							
				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:		\$ 3,860.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	04/01/2010	\$ 3,860.00	YARD SIGNS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VIDEO FACTORY 215 SOUTH WASHINGTON ST. SUITE 101 SHELBY, NC 28150							
				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:		\$ 750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	03/17/2010	\$ 750.00	2 - 30 SECOND COMMERCIALS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				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"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	04/14/2010	\$ 200.00	WOHS COMMERCIAL		
				\$			
5. Total only this Page						\$ 4,810.00	
6. Total of ALL CRO-1310 Pages						\$ 50,399.15	
<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)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
ALAN NORMAN FOR SHERIFF				-XCBU2C--	
3. Payee Information					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	Electric Funds Tran	O	03/29/2010	\$ 10.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 10.00
5. Total of ALL CRO-1315 Pages					\$ 10.00
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					
6. Purpose Codes (List detailed expenditure code in (d) above)					
E - Salaries	B - Printing	C - Fundraising	D - To Another Candidate		
I - Postage	F - Equipment	G - Political Party	H - Holding Public Office Expenses		
	J - Penalties	K - Office Expenses	O - Other		

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
ALAN NORMAN FOR SHERIFF				-XCBU2C--	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
ALAN NORMAN 568 OAK GROVE/CLOVER HILL CH RD LAWNDALE, NC 28090					
				c. Original Loan Date	
				04/02/2010	
				d. Original Loan Amount	
				\$ 4,000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	01	Check	04/16/2010	\$ 4,000.00	
\$				\$	
4. Total only this Page				\$ 4,000.00	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 4,000.00	

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
			\$ 1,200.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
8X20 BILLBOARD PRODUCTION AND 2 MONTHS RENTAL		03/12/2010	\$ 1,200.00
			\$
			\$
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
			\$ 3,363.73
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
10X32 BILLBOARD PRODUCTION AND 2 MONTHS RENTAL		03/12/2010	\$ 1,550.00
BBQ PLATES FOR FUNDRAISER		04/08/2010	\$ 918.75
			\$
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
CHARLES 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
			\$ 3,475.01
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TICKET PRINTING FOR FUNDRAISER		04/08/2010	\$ 101.29
AD FOR FUNDRAISER		04/08/2010	\$ 189.50
CAKE, CUPS, CUTLERY, PLATES FOR FUNDRAISER		04/08/2010	\$ 349.65
4. Total only this Page			\$ 4,309.19
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 11,138.18

In-Kind Contributions

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	
CHARLES 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	
		\$ 3,475.01	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBQ FOR FUNDRAISER		04/08/2010	\$ 525.00
AD FOR FUNDRAISER		04/08/2010	\$ 540.00
RENTAL AND INSURANCE OF GOFORTH HALL FOR FUNDRAISER		04/08/2010	\$ 725.00
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	
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	
		\$ 1,750.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
10X32 BILLBOARD PRODUCTION AND 2 MONTHS RENTAL		03/12/2010	\$ 1,500.00
			\$
			\$
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	
STEVE HORD 110 HATCHER SPANGLER 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	
		\$ 242.74	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
T-SHIRTS		03/12/2010	\$ 129.30
CAPS		03/25/2010	\$ 51.72
CAPS		03/31/2010	\$ 51.72
4. Total only this Page		\$ 3,522.74	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 11,138.18	

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	c. Comments
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	
		d. Election Sum to Date	
		\$ 3,281.25	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BBQ FOR FUNDRAISER		04/08/2010	\$ 3,281.25
			\$
			\$
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
MICHELLE MILLER PO BOX 635 5250 FALLSTON RD. FALLSTON, NC 28042		<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	
		\$ 70.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BOOTH AT FOOTHILLS MERRY GO ROUND FESTIVAL		02/18/2010	\$ 25.00
			\$
			\$
4. Total only this Page		\$ 3,306.25	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 11,138.18	

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

ALAN NORMAN FOR SHERIFF

- Person lending money to committee (Lender):

ALAN NORMAN

- Date of loan to committee: 4-2-10

- Name of lending institution and account number (source):

- Amount of loan: \$ 4000.00

- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____

- Rate of interest of loan: 0

- Security pledged for loan: —

I, Alan Norman, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Alan Norman
Signature of Lender

Erin Spangler
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.