

# Disclosure Report Cover

Amendment

Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

RECEIVED

OCT 27 2014

CLEVELAND CO. BD. ELECTION  
TIME 10AM BY 10/27/14

|   |  |
|---|--|
| <b>1. Committee Information</b>   |  |
| <b>a. Full Name</b><br>FRIENDS OF ALAN NORMAN   | <b>c. ID Number</b><br>QBC-115--         |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>568 OAK GROVE/CLOVER HILL CH ROAD<br>LAWNDALE, NC 28090 | <b>d. Date Filed</b><br>10/26/2014       |
|   | <b>e. Phone Number</b><br>(704) 538-1465 |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>2. Report Year</b><br>2014 | <b>3. Period Start Date (mm/dd/yy)</b><br>07/01/2014 | <b>4. Period End Date (mm/dd/yy)</b><br>10/18/2014 | <b>5. Treasurer Full Name</b><br>KRISTEN BENTON HAMRICK |
|-------------------------------|--|--|---|

|   |   |  |   |
|---|---|--|---|
| <b>6. Type of Committee (Check One)</b>                             |   | <b>9. Type of Report (check only one type of report from one category)</b> |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>   | <b>State/County</b>                       |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational   |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly        |
| <b>7. Type of Fund (if applicable, check one)</b>                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First            |
| <input type="checkbox"/> "Booster Fund"                             |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second           |
| <input type="checkbox"/> Building Fund                              |   | <input type="checkbox"/> Pre-runoff  | <input checked="" type="checkbox"/> Third |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth           |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual      |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year         |
|   |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End         |
|   |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final            |
|   |   |  | <input type="checkbox"/> Special          |
| <b>8. Number of Fundraisers this Report</b><br>0                    |   | <b>10. Special Report Name</b>   |   |

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| <b>3. Account Information</b>                     |  | <b>3. Account Information</b>             |                                      |
| <b>a. Financial Institution Full Name</b><br>BB&T |  | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>CAMPAIGN FINANCE             | <b>c. Account Code</b><br>01                   | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|   | <b>d. Period Begin Balance</b><br>\$ 60,239.35 |   | <b>d. Period Begin Balance</b><br>\$ |

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Kristen Benton Hamrick      Kristen Benton Hamrick      10/26/2014  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: CWP 10/27/14      Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-F) to make committee changes.

OCT 27 2014

## Detailed Summary

Amendment

 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report  | 3. ID Number                |                           |
|--|--------------------|-----------------------------|---------------------------|
| FRIENDS OF ALAN NORMAN   | 2014 Third Quarter | QBC-115--                   |                           |
| Start of Election Cycle: January 1, <u>2011</u>                              |                    | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                    | \$ 60,239.35                | \$ 4,955.02               |
| <b>RECEIPTS</b>  |                    |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)         | \$ 75.00                    | \$ 14,133.00              |
| 6) Contributions from Individuals  | (CRO-1210)         | \$ 4,650.00                 | \$ 63,736.00              |
| 7) Contributions from Political Party Committees                             | (CRO-1220)         | \$ 0.00                     | \$ 0.00                   |
| 8) Contributions from Other Political Committees                             | (CRO-1230)         | \$ 500.00                   | \$ 500.00                 |
| 9) Loan Proceeds   | (CRO-1410)         | \$ 0.00                     | \$ 4,000.00               |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)         | \$ 0.00                     | \$ 470.00                 |
| 11) Other Receipt Sources  |                    |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11c) Outside Sources of Income   | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)         | \$ 0.00                     | \$ 0.00                   |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)         | \$ 0.00                     | \$ 0.00                   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                    | \$ 5,225.00                 | \$ 82,839.00              |
| <b>EXPENDITURES</b>  |                    |                             |                           |
| 13) Disbursements  |                    |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310)         | \$ 8,279.98                 | \$ 26,139.65              |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)         | \$ 0.00                     | \$ 0.00                   |
| 13c) Coordinated Party Expenditures  | (CRO-1310)         | \$ 0.00                     | \$ 0.00                   |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)         | \$ 21.33                    | \$ 21.33                  |
| 15) Loan Repayments  | (CRO-1420)         | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)         | \$ 0.00                     | \$ 4,470.00               |
| 17) In-Kind Contributions  | (CRO-1510)         | \$ 2,200.00                 | \$ 2,200.00               |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                    | \$ 10,501.31                | \$ 32,830.98              |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                    | \$ 54,963.04                | \$ 54,963.04              |
| <b>ADDITIONAL INFORMATION</b>  |                    |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)         | \$ 0.00                     |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)         | \$ 4,000.00                 |                           |
| 22) Debts and Obligations owed by the Committee                              | (CRO-1610)         | \$ 0.00                     |                           |
| 23) Debts and Obligations owed to the Committee                              | (CRO-1620)         | \$ 0.00                     |                           |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)         | \$ 0.00                     |                           |
| 25) Administrative Support   | (CRO-1710)         | \$ 0.00                     | \$ 0.00                   |
| 26) Forgiven Loans   | (CRO-1440)         | \$ 0.00                     | \$ 0.00                   |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)         | \$ 0.00                     | \$ 0.00                   |
| 28) Contributions to be Refunded   | (CRO-1215)         | \$ 0.00                     | \$ 0.00                   |

OCT 27 2014

# Aggregated Contributions from Individuals

Page 1 of 1

Amendment  
 Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

| <b>1. Committee Full Name (and Fund if applicable)</b>                 |                 |                    |                        | <b>2. ID Number</b>  |           |
|--|-----------------|--------------------|------------------------|----------------------|-----------|
| FRIENDS OF ALAN NORMAN   |                 |                    |                        | QBC-115              |           |
| <b>3. Contributor Information</b>                                      |                 |                    |                        |                      |           |
| a. Amend   | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add   | 01              | Check              |                        | 10/08/2014           | \$ 50.00  |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add   | 01              | Check              |                        | 10/13/2014           | \$ 25.00  |
| <input type="checkbox"/> Remove  |                 |                    |                        |                      |           |
| <b>4. Total only this Page</b>   |                 |                    |                        |                      | \$ 75.00  |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                 |                    |                        |                      | \$ 75.00  |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                 |                    |                        |                      |           |

CRO-1205

NC State Board of Elections

April 2007

OCT 27 2014

**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

|   |                        |                           |   |                             |                                |  |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |   |                             | <b>2. ID Number</b>            |  |
| FRIENDS OF ALAN NORMAN  |                        |                           |   |                             | QBC115                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                |                             | <b>d. Comments</b>             |  |
| DAVID C BEAM<br>4412 E DIXON BLVD<br>SHELBY, NC 28152   |                        |                           | OWNER   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>HONDA MOTORSPORTS |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 300.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                 | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 01                     | Check                     |   | 09/03/2014                  | \$ 300.00                      |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                |                             | <b>d. Comments</b>             |  |
| DAVID M BEAM<br>437 COUNTRY CLUB CT<br>SHELBY, NC 28150   |                        |                           | OWNER   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>QUALITY INN CO    |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 250.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                 | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 01                     | Check                     |   | 09/18/2014                  | \$ 250.00                      |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                |                             | <b>d. Comments</b>             |  |
| STEVE BOWEN<br>3719 W DIXON BLVD<br>SHELBY, NC 28150  |                        |                           | OWNER   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>CRASH BODY SHOP   |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 640.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                 | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input checked="" type="checkbox"/>   | 01                     | Cash                      |   | 10/25/2012                  | \$ 40.00                       |  |
| <input type="checkbox"/>  | 01                     | In-Kind                   | HWY 150 BOILING SPRINGS BILLBOARD                             | 09/01/2014                  | \$ 600.00                      |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |   |                             | \$ 1,150.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |   |                             | \$ 4,650.00                    |  |

OCT 27 2014

**Contributions from Individuals**

Pg 2 of 5

Amendment  
 Yes  No

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

|  |                        |                           |  |                             |                                |                     |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             |                                | <b>2. ID Number</b> |
| FRIENDS OF ALAN NORMAN   |                        |                           |  |                             |                                |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| TERESA BROOKS<br>701 STONEY POINT ROAD<br>KINGS MOUNTAIN, NC 28086                                       |                        |                           | OWNER                                    |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | TOMS FAMILY MART                         |                             |                                |                     |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 850.00                      |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | Check                     |  | 07/19/2014                  | \$ 200.00                      |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| PAULINE CAUSBY<br>94 COLUMNS CIRCLE<br>SHELBY, NC 28150  |                        |                           | RETIRED                                  |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | Educational Services                     |                             |                                |                     |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 100.00                      |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | Check                     |  | 07/01/2014                  | \$ 100.00                      |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| TODD CERWIN<br>522 S DEKALB STREET<br>SHELBY, NC 28150   |                        |                           | LAWYER                                   |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | CERWIN LAW FIRM                          |                             |                                |                     |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 600.00                      |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | In-Kind                   | DEKALB STREET<br>BILLBOARD               | 09/01/2014                  | \$ 600.00                      |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 900.00                      |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,650.00                    |                     |

OCT 27 2014

**Contributions from Individuals**

Pg 3 of 5

Amendment  
 Yes  No

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

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| FRIENDS OF ALAN NORMAN   |                        |                           |  |                             | Q6C115                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ANN DEATON<br>609 S WASHINGTON STREET<br>SHELBY, NC 28150  |                        |                           | OWNER                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | DEATON LAW FIRM                          |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 120.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input checked="" type="checkbox"/>  | 01                     | Check                     |  | 10/22/2012                  | \$ 20.00                       |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 09/04/2014                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| MIKE ELMORE<br>508 BELWOOD LAWDALE ROAD<br>LAWDALE, NC 28090   |                        |                           | OWNER                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | ELMORES FEED & SEED                      |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 09/03/2014                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| WALTER GRIGG<br>350 E MAIN STREET<br>LAWDALE, NC 28090   |                        |                           | RETIRED                                  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | CMC                                      |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 09/14/2014                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,650.00                    |  |

OCT 27 2014

**Contributions from Individuals**

Pg 4 of 5

Amendment  
 Yes  No

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

|  |                        |                           |  |                             |                                |                     |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             |                                | <b>2. ID Number</b> |
| FRIENDS OF ALAN NORMAN   |                        |                           |  |                             |                                | QBC115              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| ROBIN HENDRICK<br>1241 E DIXON BLVD<br>SHELBY, NC 28150  |                        |                           | OWNER                                    |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | HENDRICK'S APPLIANCE                     |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 1,000.00                    |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | In-Kind                   | EAST MARION STREET<br>BILLBOARD          | 09/01/2014                  | \$ 1,000.00                    |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| ROY JAYNES<br>106 SILVERADO DR<br>GROVER, NC 28073   |                        |                           | OWNER                                    |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | DEERBROOK                                |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 500.00                      |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | Check                     |  | 09/17/2014                  | \$ 300.00                      |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| ROBERT LUTZ<br>106 PEBBLE BEACH DR<br>KINGS MOUNTAIN, NC 28086   |                        |                           | LAWYER                                   |                             |                                |                     |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|  |                        |                           | LUTZ LAW FIRM                            |                             | <b>e. Election Sum to Date</b> |                     |
|  |                        |                           |  |                             | \$ 100.00                      |                     |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>   | 01                     | Check                     |  | 08/04/2014                  | \$ 100.00                      |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |                     |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 1,400.00                    |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,650.00                    |                     |

# Contributions from Individuals

OCT 27 2014

Pg 5 of 5

Amendment  
 Yes  No

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

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| FRIENDS OF ALAN NORMAN   |                        |                           |  |                             | RBC115                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| GIRISH PATEL<br>825 W DIXON BLVD<br>SHELBY, NC 28152   |                        |                           | OWNER                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | ECONO LODGE                              |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 500.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 10/02/2014                  | \$ 500.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| JAMES ROSE<br>1119 DOGWOOD LANE<br>SHELBY, NC 28150  |                        |                           | OWNER                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | ROSE LEASING SERVICE                     |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 900.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 09/16/2014                  | \$ 200.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| NORRIS SEAGLE<br>206 MORIAH SCHOOL ROAD<br>CASAR, NC 28020   |                        |                           | RETIRED                                  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | HICKORY CHAIR                            |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 200.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | Check                     |  | 08/27/2014                  | \$ 200.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 900.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 4,650.00                    |  |



OCT 27 2014

Contributions from Other Political Committees Pg 1 of 1

Amendment  
 Yes  No

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

|   |                           |  |                             |                                |
|---|---------------------------|--|-----------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |  | <b>2. ID Number</b>         |                                |
| FRIENDS OF ALAN NORMAN  |                           |  | Q3C115                      |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                           |  |                             |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           | <b>b. Type of Committee</b>  |                             | <b>d. Comments</b>             |
| SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION<br>2155 GEORGIA 42<br>MCDONOUGH, GA 30252<br>(770) 389-5391 |                           | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC       |                             |                                |
|   |                           | <input type="checkbox"/> Referendum  |                             |                                |
|   |                           | <b>c. Level Registered (Specify)</b>   |                             |                                |
|   |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:                |                             | <b>e. Election Sum to Date</b> |
|   |                           | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                             |                                |
|   |                           | TOWN OF BLACK MOUNTAIN   |                             | \$ 500.00                      |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               |
| 01  | Check                     |  | 10/02/2014                  | \$ 500.00                      |
|   |                           |  |                             | \$                             |
|   |                           |  |                             | \$                             |
| <b>4. Total only this Page</b>  |                           |  |                             | \$ 500.00                      |
| <b>5. Total of ALL CRO-1230 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100)  |                           |  |                             | \$ 500.00                      |

CRO-1230

NC State Board of Elections

April 2007

# Disbursements

OCT 27 2014

Pg 1 of 5

Amendment  
 Yes  No

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

|  |                    |   |                      |   |                             |                         |  |
|--|--------------------|---|----------------------|---|-----------------------------|-------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                    |   |                      |   |                             | <b>2. ID Number</b>     |  |
| FRIENDS OF ALAN NORMAN   |                    |   |                      |   |                             | QBC115                  |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b> |                    |   |                      |   |                             |                         |  |
| <input checked="" type="checkbox"/> Operating Expenses   |                    | <input type="checkbox"/> Contributions to Candidates/Political Committees |                      | <input type="checkbox"/> Coordinated Party Expenditures               |                             |                         |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                    |   |                      |   |                             |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                    |   |                      | b. Coordinated Committee Name   |                             | d. Comments             |  |
| ALPHA PRINTING & MAILING<br>PO BOX 1178<br>SHELBY, NC 28151<br>(704) 484-1685                      |                    |   |                      |   |                             |                         |  |
|  |                    |   |                      | 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: |                             |                         |  |
|  |                    |   |                      |   |                             | \$ 1,876.00             |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks         |                         |  |
| 01   | Check              | B   | 09/08/2014           | \$ 1,596.00   | DOOR                        |                         |  |
| 01   | Check              | B   | 09/23/2014           | \$ 280.00   | HANGERS/MAGNETS/HAD<br>DOOR |                         |  |

|   |                    |                 |                      |   |                     |                         |  |
|---|--------------------|-----------------|----------------------|---|---------------------|-------------------------|--|
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                    |                 |                      |   |                     |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                       |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments             |  |
| CLEVELAND COUNTY FAIR, INC<br>1751 EAST MARION STREET<br>SHELBY, NC 28152<br>(704) 487-0651 |                    |                 |                      |   |                     |                         |  |
|   |                    |                 |                      | 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: |                     |                         |  |
|   |                    |                 |                      |   |                     | \$ 500.00               |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                         |  |
| 01  | Check              | AO              | 09/25/2014           | \$ 50.00  | FENCE RENTAL        |                         |  |
| 01  | Check              | O               | 10/01/2014           | \$ 450.00   | VENDOR SPACE        |                         |  |

|  |                    |                 |                      |   |                     |                         |  |
|--|--------------------|-----------------|----------------------|---|---------------------|-------------------------|--|
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                    |                 |                      |   |                     |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                    |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments             |  |
| WENDY COBB<br>2706 MELTON ROAD<br>SHELBY, NC 28150<br>(704) 300-9896                     |                    |                 |                      |   |                     |                         |  |
|  |                    |                 |                      | 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: |                     |                         |  |
|  |                    |                 |                      |   |                     | \$ 250.00               |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                         |  |
| 01   | Check              | B               | 09/26/2014           | \$ 250.00   | MAILERS             |                         |  |
|  |                    |                 |                      | \$  |                     |                         |  |

|  |  |  |  |  |  |             |  |
|--|--|--|--|--|--|-------------|--|
| <b>5. Total only this Page</b>   |  |  |  |  |  | \$ 2,626.00 |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |  |  |  |  |  |             |  |
| (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)       |  |  |  |  |  | \$ 7,071.14 |  |

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

|              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media   | B* - Printing  | C* - Fundraising     | D - To Another Candidate            |
| E - Salaries | F* - Equipment | G - Political Party  | H* - Holding Public Office Expenses |
| I - Postage  | J - Penalties  | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other     |                |                      |                                     |

OCT 27 2014

**Disbursements**

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

|   |                           |                        |                             |  |                            |                                     |  |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |  |                            | <b>2. ID Number</b>                 |  |
| FRIENDS OF ALAN NORMAN  |                           |                        |                             |  |                            | QBC115                              |  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |                             |  |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| DJ'S OF NORTH CAROLINA<br>3705 FALLSTON ROAD<br>SHELBY, NC 28150  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 1,187.06                         |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 01  | Check                     | O                      | 07/17/2014                  | \$ 771.27  | T SHIRTS/CAPS              |                                     |  |
| 01  | Check                     | O                      | 09/25/2014                  | \$ 224.71  | T SHIRTS                   |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| DJ'S OF NORTH CAROLINA<br>3705 FALLSTON ROAD<br>SHELBY, NC 28150  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 1,187.06                         |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 01  | Check                     | O                      | 10/07/2014                  | \$ 191.08  | T SHIRTS/CAPS              |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| HARBOR FREIGHT TOOLS<br>1320 E DIXON BLVD<br>SHELBY, NC 28152   |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 176.10                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 01  | Check                     | O                      | 08/20/2014                  | \$ 176.10  | SUPPLIES FOR SIGNS         |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 1,363.16                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 7,071.14                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |  |                            |                                     |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |                             |  |                            |                                     |  |
| A* - Media  |                           | B* - Printing          |                             | C* - Fundraising   |                            | D - To Another Candidate            |  |
| E - Salaries  |                           | F* - Equipment         |                             | G - Political Party  |                            | H* - Holding Public Office Expenses |  |
| I - Postage   |                           | J - Penalties          |                             | K* - Office Expenses   |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other  |                           |                        |                             |  |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |                             |  |                            |                                     |  |

OCT 27 2014

**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

|   |                           |                        |                             |  |                            |  |  |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |  |                            | <b>2. ID Number</b>                        |  |
| FRIENDS OF ALAN NORMAN  |                           |                        |                             |  |                            | QBC-115--                                  |  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |                             |  |                            |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |  |
| KEN & MARY'S GRILL<br>1628 S DEKALB ST<br>SHELBY, NC 28152  |                           |                        |                             |  |                            |  |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |  |
|   |                           |                        |                             |  |                            | \$ 85.51                                   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |  |
| 01  | Check                     | O                      | 10/14/2014                  | \$ 85.51   | MEETING LUNCH              |  |  |
|   |                           |                        |                             | \$   |                            |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |  |
| LANDMARK BAPTIST CHRUCH<br>PO BOX 489<br>SHELBY, NC 28151<br>(704) 487-5716   |                           |                        |                             |  |                            |  |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |  |
|   |                           |                        |                             |  |                            | \$ 75.00                                   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |  |
| 01  | Check                     | AO                     | 07/24/2014                  | \$ 75.00   | KIDZ CAMP SPONSOR          |  |  |
|   |                           |                        |                             | \$   |                            |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |  |
| LOWE'S<br>425 EARL ROAD<br>SHELBY, NC 28150<br>(704) 484-9883   |                           |                        |                             |  |                            |  |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |  |
|   |                           |                        |                             |  |                            | \$ 72.95                                   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |  |
| 01  | Check                     | O                      | 08/20/2014                  | \$ 51.62   | SUPPLIES FOR SIGNS         |  |  |
|   |                           |                        |                             | \$   |                            |  |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 212.13                                  |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 8,279.98                                |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |  |                            |  |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |                             |  |                            |  |  |
| <b>A* - Media</b>   |                           | <b>B* - Printing</b>   |                             | <b>C* - Fundraising</b>  |                            | <b>D - To Another Candidate</b>            |  |
| <b>E - Salaries</b>   |                           | <b>F* - Equipment</b>  |                             | <b>G - Political Party</b>   |                            | <b>H* - Holding Public Office Expenses</b> |  |
| <b>I - Postage</b>  |                           | <b>J - Penalties</b>   |                             | <b>K* - Office Expenses</b>  |                            | <b>Q* - Donation to Legal Expense Fund</b> |  |
| <b>O* Other</b>   |                           |                        |                             |  |                            |  |  |
| <b>* Codes require detailed explanation in required remarks field (k)</b>   |                           |                        |                             |  |                            |  |  |

# Disbursements

OCT 27 2014

Pg 4 of 6

Amendment

Yes  No

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

|  |                           |                        |                             |   |                            |                                     |  |
|--|---------------------------|------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>FRIENDS OF ALAN NORMAN   |                           |                        |                             |   |                            | <b>2. ID Number</b><br>QBC-115--    |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |                             |   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |   |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>MY CAMPAIGN STORE<br>304 WHITTINGTON PKWY #261<br>LOUISVILLE, KY 40222   |                           |                        |                             | b. Coordinated Committee Name   |                            | d. Comments                         |  |
|  |                           |                        |                             | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |  |
|  |                           |                        |                             |   |                            | \$ 6,151.08                         |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |  |
| 01   | Check                     | AO                     | 09/02/2014                  | \$ 1,133.84   | YARD SIGNS                 |                                     |  |
| 01   | Check                     | O                      | 09/11/2014                  | \$ 1,133.84   | YARD SIGNS                 |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |   |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>PAGE PLUS<br>1310 POLKVILLE ROAD<br>SHELBY, NC 28150<br>(704) 484-2709   |                           |                        |                             | b. Coordinated Committee Name   |                            | d. Comments                         |  |
|  |                           |                        |                             | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |  |
|  |                           |                        |                             |   |                            | \$ 150.00                           |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |  |
| 01   | Check                     | F                      | 07/17/2014                  | \$ 70.00  | PHONE                      |                                     |  |
| 01   | Check                     | F                      | 07/21/2014                  | \$ 80.00  | PHONE SERVIE               |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |   |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i><br>PUBLIC POLICY POLLING<br>2912 HIGHWOODS BLVD<br>SUITE 201<br>RALEIGH, NC 27604<br>(919) 744-6312   |                           |                        |                             | b. Coordinated Committee Name   |                            | d. Comments                         |  |
|  |                           |                        |                             | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |  |
|  |                           |                        |                             |   |                            | \$ 2,000.00                         |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |  |
| 01   | Check                     | O                      | 09/29/2014                  | \$ 1,000.00   | POLLING                    |                                     |  |
|  |                           |                        |                             | \$  |                            |                                     |  |
| <b>5. Total only this Page</b>   |                           |                        |                             |   |                            | \$ 3,417.68                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |   |                            | \$ 8,279.98                         |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |                             |   |                            |                                     |  |
| A* - Media   |                           | B* - Printing          |                             | C* - Fundraising  |                            | D - To Another Candidate            |  |
| E - Salaries   |                           | F* - Equipment         |                             | G - Political Party   |                            | H* - Holding Public Office Expenses |  |
| I - Postage  |                           | J - Penalties          |                             | K* - Office Expenses  |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other   |                           |                        |                             |   |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |                             |   |                            |                                     |  |

**Disbursements**

OCT 27 2014

Amendment  
 Yes  No

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

|  |                           |                        |                             |  |                            |  |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |                             |  |                            | <b>2. ID Number</b>                        |
| FRIENDS OF ALAN NORMAN   |                           |                        |                             |  |                            | QBC-115--                                  |
| <b>3. Type of Disbursement</b> <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 |                           |                        |                             |  |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |
| THE STAR<br>PO BOX 48<br>SHELBY, NC 28150  |                           |                        |                             |  |                            |  |
|  |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |
|  |                           |                        |                             |  |                            | \$ 638.80                                  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |
| 01   | Check                     | A                      | 09/11/2014                  | \$ 250.00  | NEWSPAPER AD               |  |
|  |                           |                        |                             | \$   |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |
| THE VICTORIAN ROSE<br>108 W WARREN STREET<br>SHELBY, NC 28150  |                           |                        |                             |  |                            |  |
|  |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |
|  |                           |                        |                             |  |                            | \$ 264.01                                  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |
| 01   | Check                     | B                      | 07/01/2014                  | \$ 264.01  | PORTRAIT                   |  |
|  |                           |                        |                             | \$   |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                             |  |                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                         |
| USPS<br>405 S DEKALB STREET<br>SHELBY, NC 28150  |                           |                        |                             |  |                            |  |
|  |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |  |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>             |
|  |                           |                        |                             |  |                            | \$ 147.00                                  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |  |
| 01   | Check                     | I                      | 09/08/2014                  | \$ 49.00   |                            |  |
| 01   | Check                     | I                      | 10/07/2014                  | \$ 49.00   |                            |  |
| <b>5. Total only this Page</b>   |                           |                        |                             |  |                            | \$ 612.01                                  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |                             |  |                            | \$ 8,279.98                                |
| <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>  |                           |                        |                             |  |                            |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |                             |  |                            |  |
| <b>A* - Media</b>  |                           | <b>B* - Printing</b>   |                             | <b>C* - Fundraising</b>  |                            | <b>D - To Another Candidate</b>            |
| <b>E - Salaries</b>  |                           | <b>F* - Equipment</b>  |                             | <b>G - Political Party</b>   |                            | <b>H* - Holding Public Office Expenses</b> |
| <b>I - Postage</b>   |                           | <b>J - Penalties</b>   |                             | <b>K* - Office Expenses</b>  |                            | <b>Q* - Donation to Legal Expense Fund</b> |
| <b>O* Other</b>  |                           |                        |                             |  |                            |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |                             |  |                            |  |

# Disbursements

OCT 27 2014

Pg 6 of 6

Amendment

Yes  No

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

|  |                           |                             |  |                     |                                |
|--|---------------------------|-----------------------------|--|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                             |  | <b>2. ID Number</b> |                                |
| FRIENDS OF ALAN NORMAN   |                           |                             |  | QBC-115--           |                                |
| <b>3. Type of Disbursement</b> <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 |                           |                             |  |                     |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                             |  |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                             | <b>b. Coordinated Committee Name</b>   |                     | <b>d. Comments</b>             |
| USPS<br>405 S DEKALB STREET<br>SHELBY, NC 28150  |                           |                             |  |                     |                                |
|  |                           |                             |  |                     |                                |
|  |                           |                             | <b>c. Level Registered (Specify)</b>   |                     | <b>e. Election Sum to Date</b> |
|  |                           |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                |
|  |                           |                             |  |                     | \$ 147.00                      |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>      | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    | <b>k. Required Remarks</b>     |
| 01   | Check                     | I                           | 10/14/2014   | \$ 49.00            |                                |
|  |                           |                             |  | \$                  |                                |
| <b>5. Total only this Page</b>   |                           |                             |  |                     | \$ 49.00                       |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                             |  |                     | \$ 8,279.98                    |
| <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>  |                           |                             |  |                     |                                |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                             |  |                     |                                |
| <b>A* - Media</b>  | <b>B* - Printing</b>      | <b>C* - Fundraising</b>     | <b>D - To Another Candidate</b>  |                     |                                |
| <b>E - Salaries</b>  | <b>F* - Equipment</b>     | <b>G - Political Party</b>  | <b>H* - Holding Public Office Expenses</b>   |                     |                                |
| <b>I - Postage</b>   | <b>J - Penalties</b>      | <b>K* - Office Expenses</b> | <b>Q* - Donation to Legal Expense Fund</b>   |                     |                                |
| <b>O* Other</b>  |                           |                             |  |                     |                                |
| * Codes require detailed explanation in required remarks field (k)   |                           |                             |  |                     |                                |

OCT 27 2014

# Aggregated Non-Media Expenditures

Page 1 of 1

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

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

|   |                        |                           |                             |                             |   |                            |
|---|------------------------|---------------------------|-----------------------------|-----------------------------|---|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                    |                        |                           |                             |                             | <b>2. ID Number</b>                         |                            |
| FRIENDS OF ALAN NORMAN  |                        |                           |                             |                             | QBC115                                      |                            |
| <b>3. Payee Information</b>   |                        |                           |                             |                             |   |                            |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. Purpose Code</b>      | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>                            | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add  | 01                     | Check                     | O                           | 09/15/2014                  | \$ 21.33                                    | SUPPLIES FOR FAIR          |
| <input type="checkbox"/> Remove   |                        |                           |                             |                             |   |                            |
| <b>4. Total only this Page</b>  |                        |                           |                             |                             | \$  | 21.33                      |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                        |                           |                             |                             | \$  | 21.33                      |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                        |                           |                             |                             |   |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>     |                        |                           |                             |                             |   |                            |
|   | <b>B* - Printing</b>   |                           | <b>C* - Fundraising</b>     |                             | <b>D - To Another Candidate</b>             |                            |
| <b>E - Salaries</b>   | <b>F* - Equipment</b>  |                           | <b>G - Political Party</b>  |                             | <b>H* - Holding Public Office Expenses</b>  |                            |
| <b>I - Postage</b>  | <b>J - Penalties</b>   |                           | <b>K* - Office Expenses</b> |                             | <b>Q* - Donations to Legal Expense Fund</b> |                            |
| <b>O* - Other</b>   |                        |                           |                             |                             |   |                            |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                        |                           |                             |                             |   |                            |



OCT 27 2014

# 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.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>FRIENDS OF ALAN NORMAN                          |  | <b>2. ID Number</b><br>QBC115  |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>  |                              |
| STEVE BOWEN<br>3719 W DIXON BLVD<br>SHELBY, NC 28150  |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|   |  | <b>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 640.00  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| HWY 150 BOILING SPRINGS BILLBOARD   |  | 09/01/2014   | \$ 600.00                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>  |                              |
| TODD CERWIN<br>522 S DEKALB STREET<br>SHELBY, NC 28150  |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|   |  | <b>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 600.00  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| DEKALB STREET BILLBOARD   |  | 09/01/2014   | \$ 600.00                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>  |                              |
| ROBIN HENDRICK<br>1241 E DIXON BLVD<br>SHELBY, NC 28150   |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|   |  | <b>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 1,000.00  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| EAST MARION STREET BILLBOARD  |  | 09/01/2014   | \$ 1,000.00                  |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 2,200.00  |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 2,200.00  |                              |

# Outstanding Loans

OCT 27 2014

Pg 1 of 1

Amendment

Yes  No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

|  |                            |  |                                   |
|--|----------------------------|--|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            | <b>2. ID Number</b>                      |                                   |
| FRIENDS OF ALAN NORMAN   |                            | QBC-115--                                |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                            |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
| ALAN NORMAN<br>568 OAK GROVE CLOVER HILL CH RD<br>LAWNDALE, NC 28090   |                            | SHERIFF                                  |                                   |
|  |                            | <b>c. Employer's Name/Specific Field</b> | <b>e. Start Date (mm/dd/yyyy)</b> |
|  |                            | CLEVELAND COUNTY<br>SHERIFF OFFICE       | 10/16/2012                        |
|  |                            |  | <b>f. End Date (mm/dd/yyyy)</b>   |
|  |                            |  |                                   |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           | <b>j. Remaining Loan Balance</b>  |
| 0.00%  | N/A                        | \$ 4,000.00                              | \$ 4,000.00                       |
| <b>k. Full Name of Lending Institution</b>   |                            |  | <b>l. Loan Number</b>             |
|  |                            |  |                                   |
| <b>4. Total only this Page</b>   |                            |  | \$ 4,000.00                       |
| <b>5. Total of ALL CRO-1430 Pages</b><br><i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> |                            |  | \$ 4,000.00                       |

CRO-1430

NC State Board of Elections

December 2007