

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

1. Committee Information

a. Name <i>Re-Elect Holbrook for Commissioner</i>		c. ID Number <i>4CB4N6</i>
b. Mailing Address (include City, State and Zip Code) <i>503 Crawford Street Shelby, NC 28150</i>		d. Date Filed <i>02/08/2010</i>
		e. Phone Number <i>704-419-3975</i>

2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>07/01/2010</i>	4. Period End Date (mm/dd/yy) <i>10/16/2010</i>	5. Treasurer Full Name <i>Severne L. Budd</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building 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	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report <i>2</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First National Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Acc</i>	c. Account Code <i>01</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 73.80</i>		d. Period Begin Balance <i>\$</i>

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 of Elections.

Severne L. Budd
Printed Name of Signer

Severne L. Budd
Signature of Appointed Treasurer

12-6-2010
Date

FOR OFFICE USE ONLY

Date Received:	<i>DEC 06 2010</i>	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-E) to make committee changes.

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
Re-Elect Holbrook for Commissioner	2010 Third Quarter	4C B4N6
Start of Election Cycle: January 1, <u>2010</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 73.80	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 220.00	\$ 220.00
6) Contributions from Individuals (CRO-1210)	\$ 20395.00	\$ 20481.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 700.00	\$ 700.00
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 100.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 21315.00	\$ 21501.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 13260.58	\$ 13372.78
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 100.00	\$ 100.00
17) In-Kind Contributions (CRO-1510)	\$ 2820.00	\$ 2820.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 16180.58	\$ 16292.78
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5208.22	\$ 5208.22
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 100.00	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2200)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <u>Re-Elect Holbrook for Commissioner</u>	2. ID Number <u>4CB4N6</u>
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3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Charles A. Carrigan</u> <u>5054 Harmon Road</u> <u>Kings Mountain, NC 28086</u> <u>704-472-3614</u>		b. Job Title/Profession <u>President</u>		d. Comments		
		c. Employer's Name/Specific Field <u>Cherokee Auto Sales</u>		e. Election Sum to Date <u>\$ 1,000.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>08/04/2010</u>	<u>\$ 1,000.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Frank A. Stewart</u> <u>2000 Rhye Carter Road</u> <u>Gastonia, NC 28054</u> <u>704-865-4063</u>		b. Job Title/Profession <u>President + CEO</u>		d. Comments		
		c. Employer's Name/Specific Field <u>Ultra Companies</u>		e. Election Sum to Date <u>\$ 4,000.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>08/24/2010</u>	<u>\$ 4,000.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Stewart LeGrand</u> <u>P.O. Box 727</u> <u>Shelby, NC 28151</u> <u>704-418-0138</u>		b. Job Title/Profession <u>Private Investor</u>		d. Comments		
		c. Employer's Name/Specific Field		e. Election Sum to Date <u>\$ 2,000.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>08/28/2010</u>	<u>\$ 1,000.00</u>	
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>10/14/2010</u>	<u>\$ 1,000.00</u>	
<input type="checkbox"/>					\$	

Total only this Page					<u>\$ 7,000.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					<u>\$ 20,395.00</u>	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Re-Elect Holbrook for Commissioner	2. ID Number 4CB4N6
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Angela Heath 413 Johnsfild Road Shelby, NC 28150 704-481-0678		b. Job Title/Profession Housewife		d. Comments	
		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/01/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Homer E. LeGrand 106 Park Circle Drive Shelby, NC 28150 704-487-5561		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/02/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Giles E. Webb 615 Grace Street Shelby, NC 28150 704-487-7674		b. Job Title/Profession Secretary/Treasurer		d. Comments	
		c. Employer's Name/Specific Field Royster Petroleum		e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/02/2010	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 850.00
Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 20395.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Re-Elect Holbrook for Commissioner	2. ID Number 4C B4N6
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
David W. Royster, III 212 Fairway Shelby, NC 28150 704-913-1265		President			
		c. Employer's Name/Specific Field Royster Petroleum			
				e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/02/2010	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
James R. Davis 411 Johnsfield Road Shelby, NC 28150 704-487-0030		Financial Consultant			
		c. Employer's Name/Specific Field Royster Petroleum & Capital Investments			
				e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/02/2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
C.J. "Pete" Pedersen P.O. Box 156 Polkville, NC 28136 704-538-7924		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/04/2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 800.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 20395.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4C34N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mitchell E. Self 2822 Wilkshire Drive Shelby, NC 704-482-9251			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry D. Dooley 14 Heritage Lane Shelby, NC 28150 704-484-3358			Vice President			
			c. Employer's Name/Specific Field			
			Fox Distributing		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/05/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ray Spangler 2107 Polkville Road Shelby, NC 28150 704-482-7096			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/05/2010	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 20395.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <i>Re-Elect Holbrook for Commissioner</i>	2. ID Number <i>4C B4N6</i>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>J. Vance Suttle 1232 Brookwood Drive Shelby, NC 28150 704-482-5128</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				<i>\$ 250.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	<i>01</i>	<i>Check</i>		<i>09/07/2010</i>	<i>\$ 250.00</i>
☐					\$
☐					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Tom L. Burton 3015 Longwood Drive Shelby, NC 28152 704-487-7687</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				<i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	<i>01</i>	<i>Check</i>		<i>09/07/2010</i>	<i>\$ 100.00</i>
☐					\$
☐					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Larry D. Hamrick 1202 Townsend Terrace Kings Mountain, NC 28086 704-739-6613</i>		<i>President</i>			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				<i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	<i>01</i>	<i>Check</i>		<i>09/07/2010</i>	<i>\$ 100.00</i>
☐					\$
☐					\$

4. Total only this Page						<i>\$ 450.00</i>
5. Total of ALL CRO-1210 Pages						<i>\$ 20395.00</i>

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

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joseph Morgan 1517 Airport Road Shelby NC 28150 704-482-2428			President			
			c. Employer's Name/Specific Field			
			J. Morgan Company			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/08/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Buddy R. McKinney 3547 McKinney Road Mooresboro, NC 704-434-7323			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/09/2010	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James M. Rose 119 Dogwood Lane Shelby, NC 28150 704-482-4481			President			
			c. Employer's Name/Specific Field			
			Leasing Services I			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/10/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,000.00	
5. Total of ALL CRO-1210 Pages					\$ 20395.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James Frank Love, Jr. P.O. Box 1208 Shelby, NC 28157 704-487-8336			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/12/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mildred Keeter-Davis 298 Country Club Heres Shelby, NC 28150 704-482-2626			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/12/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Louise H. Neal 315 Circleview Drive Shelby, NC 28150 704-482-7839			Part-Time Communication Operator			
			c. Employer's Name/Specific Field			
			Cleveland Community College		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/15/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 20395.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Roger L. Holland 288 Deerchase Road Shelby, NC 28150 704-487-4147			President			
			c. Employer's Name/Specific Field Holland & Hamrick Architect, AIA			
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/15/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary C. Beam 440 Country Club Acres Shelby, NC 28150 704-487-4447			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/17/2010		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frances D. Bryce 607 Hanover Drive Shelby, NC 28150 704-487-1841			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check		09/18/2010		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 20395.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <i>Re-Elect Holbrook for Commissioner</i>	2. ID Number <i>4CB4N6</i>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Jayne Blanton Paksoy 206 Park Circle Shelby, NC 28150 704-487-8074</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>01</i>	<i>Check</i>		<i>09/18/2010</i>	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Myra W. Dixon 117 Fox Ridge Drive Shelby, NC 28152 704-434-0720</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>01</i>	<i>Check</i>		<i>09/20/2010</i>	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>C.J. "Tripp" Mabry P.O. Box 2801 Shelby, NC 28151 704-482-4454</i>		<i>President</i>			
		c. Employer's Name/Specific Field			
		<i>Mabry Office Supply</i>		e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>01</i>	<i>check</i>		<i>09/20/2010</i>	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 200.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 20395.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <u>Re-Elect Holbrook for Commissioner</u>	2. ID Number <u>4CB4N6</u>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Karl H. Lutz, Jr.</u> <u>230 Conifer Way</u> <u>Shelby, NC 28150</u> <u>704-482-9783</u>		b. Job Title/Profession <u>Vice President</u>		d. Comments	
		c. Employer's Name/Specific Field <u>Alliance Bank</u>			
				e. Election Sum to Date <u>\$ 200.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>09/20/2010</u>	<u>\$ 200.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Jean Bankhead</u> <u>605 Hanover Drive</u> <u>Shelby, NC 28150</u> <u>704-482-3030</u>		b. Job Title/Profession <u>Retired</u>		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>09/20/2010</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Robert H. Hager</u> <u>140 Dunes Drive</u> <u>Kings Mountain, NC 28086</u> <u>704-860-2520</u>		b. Job Title/Profession <u>President</u>		d. Comments	
		c. Employer's Name/Specific Field <u>Hager + Associates</u>			
				e. Election Sum to Date <u>\$ 100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>01</u>	<u>Check</u>		<u>09/24/2010</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	<u>\$ 400.00</u>
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	<u>\$ 20395.00</u>

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <i>Re-Elect Holbrook for Commissioner</i>	2. ID Number <i>4CB4N6</i>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>C. Rush Hamrick P.O. Box 1086 Shelby, NC 28151 704-487-7195</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
f. Prior		g. Account Code		h. Form of Payment	
<input type="checkbox"/>		<i>01</i>		<i>check</i>	
<input type="checkbox"/>					
<input type="checkbox"/>					
i. In-Kind Description			j. Date (mm/dd/yyyy)		k. Amount
			<i>09/24/2010</i>		<i>\$ 100.00</i>
					<i>\$</i>
					<i>\$</i>
e. Election Sum to Date					
<i>\$ 100.00</i>					

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Billy Ray Lovelace P.O. Box 177 Lattimore, NC 28089 704-434-0117</i>		<i>Retired</i>			
		c. Employer's Name/Specific Field			
f. Prior		g. Account Code		h. Form of Payment	
<input type="checkbox"/>		<i>01</i>		<i>check</i>	
<input type="checkbox"/>					
<input type="checkbox"/>					
i. In-Kind Description			j. Date (mm/dd/yyyy)		k. Amount
			<i>09/24/2010</i>		<i>\$ 100.00</i>
					<i>\$</i>
					<i>\$</i>
e. Election Sum to Date					
<i>\$ 100.00</i>					

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
<i>Gregory Melton 2101 Washburn Road Shelby, NC 28150 764-434-7187</i>		<i>Architect</i>			
		c. Employer's Name/Specific Field			
f. Prior		g. Account Code		h. Form of Payment	
<input type="checkbox"/>		<i>01</i>		<i>check</i>	
<input type="checkbox"/>					
<input type="checkbox"/>					
i. In-Kind Description			j. Date (mm/dd/yyyy)		k. Amount
			<i>09/27/2010</i>		<i>\$ 100.00</i>
					<i>\$</i>
					<i>\$</i>
e. Election Sum to Date					
<i>\$ 100.00</i>					

4. Total only this Page					<i>\$ 300.00</i>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					<i>\$ 20395.00</i>

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. Steve E. Curtis P.O. Box 251 Shelby, NC 28151 704-482-6459			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/28/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William F. LeGrand P.O. Box 2443 Shelby, NC 28151 704-487-8495			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/30/2010	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gary R. Gold P.O. Box 393 Lattimore, NC 28089 704-718-5174			Captain			
			c. Employer's Name/Specific Field			
			Cherryville Police Dept.		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/02/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 20395.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Re-Elect Holbrook for Commissioner						4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dr. Amanda W. Harrell 4405 Sandbridge Court Raleigh, NC 27612 919-710-6406				Clinical Psychologist			
				c. Employer's Name/Specific Field 3C-ISO			
				e. Election Sum to Date		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/02/2010		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Joel Ross Rountree P.O. Box 337 Grover, NC 28073 704-937-7185				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/04/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William James Horn 810 Polkville Road Shelby, NC 28150 704-472-7950				Retired			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/06/2010		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,300.00	
5. Total of ALL CRO-1210 Pages						\$ 20,395.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Re-Elect Holbrook for Commissioner						LCB 4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John A. Mayo, Jr. 208 Birdie Kane Shelby, NC 28150 704-480-7723				Self-Employed			
				c. Employer's Name/Specific Field			
				Wholesale clothing Sales		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/06/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
David S. Reece 115 El Bethel Road Kings Mountain, NC 28086 704-739-8557				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/11/2010		\$ 160.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Denese Stallings 121 Harbortown Drive Kings Mountain, NC 28086 704-484-8242				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01		Food for candidate Reception	10/11/2010		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages						\$ 20395.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Re-Elect Holbrook for Commissioner					4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gary Farmer 2825 Devonshire Court Gastonia, NC 28054 704-482-1399			Plant Manager			
			c. Employer's Name/Specific Field Ultra Fabrications			
					e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	check		10/15/2010		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wendell Fannin 1200 Handdowne Drive Gastonia, NC 28054-2720 704-482-1399			President			
			c. Employer's Name/Specific Field Ultra-Coat			
					e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	check		10/15/2010		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Louis Fortenot 1650 Plantation Trail Gastonia, NC 28054 704-691-1203			Accountant			
			c. Employer's Name/Specific Field Ultra-Fabrications			
					e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	check		10/15/2010		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 3,000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 20,395.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Re-Elect Holbrook for Commissioner	2. ID Number 4CB4N6
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Champion Communications Inc P.O. Box 1726 Shelby, NC 28151 704-466-3847		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	check		09/09/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Edwin C. Holbrook 201 Troon Place Shelby, NC 28150 704-482-7888		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 2,520.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01		Campaign Signs	08/16/2010	\$ 2,520.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 2620.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 20,395.00

Disbursements

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

1. Committee Full Name (and Fund if applicable) <u>Re-Elect Holbrook for Commissioner</u>					2. ID Number <u>4CB4N6</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Severne L. Budd 503 Crawford Street Shelby, NC 28150 704-471-2653</u>		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:	\$ <u>250.00</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>01</u>	<u>check</u>	<u>E</u>	<u>08/27/2010</u>	<u>\$ 250.00</u>	<u>Secretarial</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>U.S. Postal Service Shelby Post Office 405 S. Dekalb Street Shelby, NC 28150 704-487-0156</u>		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:	\$ <u>128.04</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>01</u>	<u>Check</u>	<u>I</u>	<u>08/27/2010</u>	<u>\$ 116.60</u>	<u>Stamps</u>
<u>01</u>	<u>check</u>	<u>I</u>	<u>09/02/2010</u>	<u>\$ 11.44</u>	<u>Stamps</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Champion Communications P.O. Box 1726 Shelby, NC 28151 704-466-3847</u>		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:	\$ <u>8,900.00</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>01</u>	<u>Check</u>	<u>B</u>	<u>09/01/2010</u>	<u>\$ 5,400.00</u>	<u>Signs, magnets,</u>
<u>01</u>	<u>Check</u>	<u>B</u>	<u>09/13/2010</u>	<u>\$ 3,500.00</u>	<u>Signs, magnets</u>
5. Total only this Page					\$ <u>9,278.04</u>
6. Total of ALL CRO-1310 Pages (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)					\$ <u>13260.58</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
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

Pg 2of 4

Amendment

 Yes No

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

1. Committee Full Name (and Fund if applicable) <u>Re-Elect Holbrook for Commissioner</u>					2. ID Number <u>4CB4NG</u>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Alpha Printing & Mailing</u> <u>P.O. Box 1178</u> <u>Shelby, NC 28151-1178</u> <u>704-484-1711</u>			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:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>Check</u>	<u>B</u>	<u>09/01/2010</u>	<u>\$ 106.59</u>	<u>Color Digital Printing of Newsletter head</u>	
				<u>\$</u>		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>Western Sizzlin</u> <u>1712 E. Dixon Blvd</u> <u>Shelby, NC 28152</u> <u>704-481-1626</u>			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:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>Check</u>	<u>0</u>	<u>09/09/2010</u>	<u>\$ 448.85</u>	<u>Dinner for Campaign Support Meeting</u>	
<u>01</u>	<u>check</u>	<u>0</u>	<u>10/07/2010</u>	<u>\$ 676.56</u>	<u>Dinner for Campaign Support Meeting</u>	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<u>First National Bank</u> <u>P.O. Box 168</u> <u>Shelby, NC 28154</u> <u>704-484-6200</u>			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:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>Electronic Withdrawal</u>	<u>0</u>	<u>08/31/2010</u>	<u>\$ 10.00</u>	<u>Service charge</u>	
<u>01</u>	<u>Electronic Withdrawal</u>	<u>0</u>	<u>09/30/2010</u>	<u>\$ 10.00</u>	<u>Service charge</u>	
5. Total only this Page					<u>\$ 1,252.00</u>	
6. Total of ALL CRO-1310 Pages					<u>\$ 13260.58</u>	
(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)						
Purpose Codes (List detailed expenditure code in (h.) above)						
<u>-</u> - 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

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

1. Committee Full Name (and Fund if applicable) <u>Re-Elect Holbrook for Commissioner</u>					2. ID Number <u>4C B4N6</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Champion Communications, Inc</u> <u>P.O. Box 1726</u> <u>Shelby, NC 28151</u> <u>704-466-3847</u>		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:		<u>\$ 10,102.54</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
<u>01</u>	<u>Check</u>	<u>B</u>	<u>09/21/2010</u>	<u>\$1002.54</u>	<u>Signs, Magnets</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Cleveland County Fair</u> <u>1751 East Marion Street</u> <u>Shelby, NC 28152-4040</u> <u>704-487-0651</u>		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:		<u>\$ 200.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
<u>01</u>	<u>Check</u>	<u>C</u>	<u>09/30/2010</u>	<u>\$ 200.00</u>	<u>Display of Campaign Signs</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Industrial Sport Sales</u> <u>404 Leander Street</u> <u>Shelby, NC 28152</u> <u>704-473-1033</u>		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:		<u>\$1,130.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
<u>01</u>	<u>Check</u>	<u>C</u>	<u>10/07/2010</u>	<u>\$1,130.00</u>	<u>Tee shirts for Campaign</u>
				\$	
5. Total only this Page					<u>\$ 2,532.54</u>
6. Total of ALL CRO-1310 Pages					<u>\$13260.58</u>
(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)					
Purpose Codes: (List detailed expenditure code in (h.) above)					
- Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg

4

of

4

Amendment

 Yes No

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

1. Committee Full Name (and Fund if applicable) Re Elect Halbrook for Commissioner					2. ID Number 4C.B4N6
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Deer Brook Restaurant 201 Deer Brook Drive Shelby, NC 28150 704-482-4419			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 198.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	check	C	10/13/2010	\$ 198.00	Meeting with senior golfers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 198.00
6. Total of ALL CRO-1310 Pages (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)					\$ 13,260.58
Purpose Codes (List detailed expenditure code in (h.) above)					
- 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)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Re-Elect Holbrook for Commissioner		4CB4N6	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Edwin C. Holbrook 201 Troon Place Shelby, NC 28150 704-482-7888		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 2520.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
63 campaign signs @ 40.00 each		08/14/2010	\$ 2520.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Denese Stallings 121 Harbertown Drive Kings Mountain, NC 28086 704-484-8242		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 300.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fundraiser-Reception for Candidate		10/11/2010	\$ 300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
.. Total only this Page		\$ 2820.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2820.00	

48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Re-Elect Holbrook for Commissioner		4CB4N6	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
503 Crawford Street Shelby, NC 28150			
		e. Phone Number	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Michele H. Stewart 2000 Rhyme Carter Road Gastonia, NC 28054-2868 704-865-4063		Edwin C. Holbrook 201 Troon Place Shelby, NC 28150 704-482-7888	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Housewife		Senior Dean Capital Campaign Dir.	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
		Cleveland Community College - Education	Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10-28-2010	\$ 2,000.00	10-28-2010	\$ 1000.00
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
01	\$ 2,000.00	01	\$ 3620.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Severne L. Budd		Severne L. Budd	
Printed Name of Signer		Signature of Appointed Treasurer	
		10/29/2010	
		Date	

OCT 29 2010

Loan Proceeds

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Re-Elect Holbrook for Commissioner		4C B4N6	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Edwin C. Holbrook 201 Tron Place Shelby, NC 28150		Senior Dean Capital Campaign Dir.	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Cleveland Community College Education	02/19/2010
			f. End Date (mm/dd/yyyy)
			12/01/2010
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	NA	01	Check
k. Amount			
			\$ 1,000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages			\$ 1,000.00
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			