

# 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

|  |  |   |   |
|--|--|---|---|
| <b>1. Committee Information</b>  |  |   |   |
| <b>a. Full Name</b><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE  |  | <b>c. ID Number</b><br>NRF  |   |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>185 EVERETTE ROAD<br>PINEHURST, NC 28374   |  | <b>d. Date Filed</b><br>OCT 26 2015   |   |
|  |  | <b>e. Phone Number</b><br>295-0534  |   |
| <b>2. Report Year</b><br>2015  | <b>3. Period Start Date (mm/dd/yy)</b><br>09/23/2015 | <b>4. Period End Date (mm/dd/yy)</b><br>10/19/2015  | <b>5. Treasurer Full Name</b><br>ROBERT E. TWEED                    |
| <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<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser  |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input checked="" type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |   |
| <b>7. Type of Fund (if applicable, check one)</b>  |  | <b>10. Special Report Name</b>  |   |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |  |   |   |
| <b>8. Number of Fundraisers this Report</b><br>0   |  |   |   |
| <b>11. Account Information</b>   |  | <b>11. Account Information</b>  |   |
| <b>a. Financial Institution Full Name</b><br>YADKIN BANK   |  | <b>a. Financial Institution Full Name</b>   |   |
| <b>b. Purpose</b><br>CHECKING ACCOUNT FOR CAMPAIGN RECEIPTS AND EXPENDITURES   | <b>c. Account Code</b><br>1                          | <b>b. Purpose</b>   | <b>c. Account Code</b>  |
| <b>d. Period Begin Balance</b><br>\$ 3 627.22  |  | <b>d. Period Begin Balance</b><br>\$  |   |
| <b>CERTIFICATION</b>   |  |   |   |
| 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. |  |   |   |
| ROBERT E. TWEED<br>Printed Name of Signer  |  | Robert E. Tweed<br>Signature of Appointed Treasurer   | 10/26/2015<br>Date  |
| <b>FOR OFFICE USE ONLY</b>   |  |   |   |
| Date Received:   | 10-26-15   | Employee:   | AMT   |
| Date Postmarked:   | _____  | Employee:   | _____   |
| Date Scanned:  | _____  | Employee:   | _____   |
| Date Data Entered:   | _____  | Employee:   | _____   |
|  |  |   | <b>Delivery Method</b>  |
|  |  |   | <input type="checkbox"/> Normal Mail                                |
|  |  |   | <input type="checkbox"/> Registered Mail                            |
|  |  |   | <input checked="" type="checkbox"/> Hand Delivered                  |
|  |  |   | <input type="checkbox"/> Electronically Filed                       |
|  |  |   | <input type="checkbox"/> 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.

# Detailed Summary

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

|  |  |  |                                    |                            |                                  |
|--|--|--|------------------------------------|----------------------------|----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>NANCY FOR MAJOR CAMPAIGN COMMITTEE |  | <b>2. Type of Report</b><br>2015 PRE-ELECTION REPORT |                                    | <b>3. ID Number</b><br>NRF |                                  |
| <b>Start of Election Cycle:</b> January 1, <u>2015</u>                                       |  |  | <b>Total this Reporting Period</b> |                            | <b>Total this Election Cycle</b> |
| <b>4) Cash on Hand at Start</b>  |  |  | \$ 3 627.22                        |                            | \$ 0                             |
| <b>RECEIPTS</b>  |  |  |                                    |                            |                                  |
| <b>5) Aggregated Contributions from Individuals</b> (CRO-1205)                               |  | \$   |                                    | \$                         |                                  |
| <b>6) Contributions from Individuals</b> (CRO-1210)  |  | \$ 7 326.00  |                                    | \$ 15 293.00               |                                  |
| <b>7) Contributions from Political Party Committees</b> (CRO-1220)                           |  | \$   |                                    | \$                         |                                  |
| <b>8) Contributions from Other Political Committees</b> (CRO-1230)                           |  | \$ 750.00  |                                    | \$ 750.00                  |                                  |
| <b>9) Loan Proceeds</b> (CRO-1410)   |  | \$ 10 000.00   |                                    | \$ 10 000.00               |                                  |
| <b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)                                |  | \$   |                                    | \$                         |                                  |
| <b>11) Other Receipt Sources</b>   |  |  |                                    |                            |                                  |
| <b>11a) Interest on Bank Accounts</b> (CRO-1250)   |  | \$   |                                    | \$                         |                                  |
| <b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)                       |  | \$   |                                    | \$                         |                                  |
| <b>11c) Outside Sources of Income</b> (CRO-1250)   |  | \$   |                                    | \$                         |                                  |
| <b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)                                    |  | \$   |                                    | \$                         |                                  |
| <b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)  |  | \$   |                                    | \$                         |                                  |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)          |  | \$ 18 076.00   |                                    | \$ 26 043.00               |                                  |
| <b>EXPENDITURES</b>  |  |  |                                    |                            |                                  |
| <b>13) Disbursements</b>   |  |  |                                    |                            |                                  |
| <b>13a) Operating Expenditures</b> (CRO-1310)  |  | \$ 12 585.92   |                                    | \$ 16 358.70               |                                  |
| <b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)                      |  | \$   |                                    | \$                         |                                  |
| <b>13c) Coordinated Party Expenditures</b> (CRO-1310)  |  | \$   |                                    | \$                         |                                  |
| <b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)                                      |  | \$   |                                    | \$                         |                                  |
| <b>15) Loan Repayments</b> (CRO-1420)  |  | \$   |                                    | \$                         |                                  |
| <b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)                              |  | \$   |                                    | \$                         |                                  |
| <b>17) In-Kind Contributions</b> (CRO-1510)  |  | \$ 1 680.00  |                                    | \$ 2 247.00                |                                  |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)                   |  | \$ 14 265.92   |                                    | \$ 18 605.70               |                                  |
| <b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)          |  | \$ 7 437.30  |                                    | \$ 7 437.30                |                                  |
| <b>ADDITIONAL INFORMATION</b>  |  |  |                                    |                            |                                  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)                           |  | \$   |                                    |                            |                                  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)                    |  | \$   |                                    |                            |                                  |
| <b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)                            |  | \$ 10 000.00   |                                    |                            |                                  |
| <b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)                            |  | \$   |                                    |                            |                                  |
| <b>24) Account Transfers Within the Committee</b> (CRO-1720)                                 |  | \$   |                                    |                            |                                  |
| <b>25) Administrative Support</b> (CRO-1710)   |  | \$   |                                    | \$                         |                                  |
| <b>26) Forgiven Loans</b> (CRO-1440)   |  | \$   |                                    | \$                         |                                  |
| <b>27) 48-Hour Notice Reports Sum</b> (CRO-2200)   |  | \$   |                                    | \$                         |                                  |
| <b>28) Contributions to be Refunded</b> (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

|   |                        |                           |  |                             |                                |                  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| NANCT FOR MAYOR COMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| ROGER J. LEHMAN<br>25 TURNER ROAD<br>PINEHURST, NC 29374  |                        |                           | RETIRED                                  |                             |                                |                  |
|   |                        |                           | BUSINESS OWNER                           |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 09/25/2015                  |                                | \$ 500.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| MARY ANN McCRARY<br>14 ABINGTON DRIVE<br>PINEHURST, NC 28374  |                        |                           | SOCIAL WORKER                            |                             |                                |                  |
|   |                        |                           | SELF EMPLOYED                            |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 233.00                      |                  |
| <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"/>  | 1                      | CHECK                     |  | 09/25/2015                  |                                | \$ 100.00        |
| <input type="checkbox"/>  | 1                      |                           | WINE AND CHEESE                          | 10/16/2015                  |                                | \$ 133.00        |
| <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>             |                  |
| KAREN KAPLAN<br>25 PAGE ROAD<br>PINEHURST, NC 283L4   |                        |                           | RETIRED - HOMEMAKER                      |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 675.00                      |                  |
| <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"/>  | 1                      | CHECK                     |  | 09/25/2015                  |                                | \$ 500.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 1 233.00                    |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(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

|   |                        |                           |                               |  |  |                     |  |
|---|------------------------|---------------------------|-------------------------------|--|--|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |  | <b>2. ID Number</b> |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |                               |  |  | NRF                 |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| SHARON KING<br>P.O. BOX 1628<br>PINEHURST, NC 28374   |                        |                           |                               | RETIRED                                  |  |                     |  |
|   |                        |                           |                               | BUSINESS OWNER                           |  |                     |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                     |  |
|   |                        |                           |                               | <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"/>  | 1                      | CHECK                     |                               | 09/25/2015                               |  | \$ 100.00           |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| NICHOLAS J. PICERNO<br>P.O. BOX 36<br>WEST END, NC 27376  |                        |                           |                               | RETIRED                                  |  |                     |  |
|   |                        |                           |                               | BUSINESS OWNER                           |  |                     |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                     |  |
|   |                        |                           |                               | <b>e. Election Sum to Date</b>           |  |                     |  |
|   |                        |                           |                               |  |  | \$ 75.00            |  |
| <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"/>  | 1                      | CHECK                     |                               | 09/25/2015                               |  | \$ 75.00            |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| FELICE A. SCHILLACI<br>140 LAKE HILLS ROAD<br>PINEHURST, NC 28374   |                        |                           |                               | RETIRED                                  |  |                     |  |
|   |                        |                           |                               | BUSINESS EXECUTIVE                       |  |                     |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                     |  |
|   |                        |                           |                               | <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"/>  | 1                      | CHECK                     |                               | 09/25/2015                               |  | \$ 100.00           |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 275.00           |  |
| <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> |                        |                           |                               |  |  | \$                  |  |

# Contributions from Individuals

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>            |                  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| LIN G. HUTAFF<br>545 LAKE FOREST DRIVE SE<br>PINEHURST, NC 28374  |                        |                           | REALTOR                                  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | REMAX PRIME<br>PROPERTIES                |                             |                                |                  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 09/25/2015                  |                                | \$ 500.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| THOMAS M. BOLTON<br>80 GREY FOX RUN<br>PINEHURST, NC 28374  |                        |                           | VP SPECIAL PROJECTS                      |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | FIRST BANK                               |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 1 001.00                    |                  |
| <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  |                                | \$ 1 001.00      |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| THOMAS M. CAMPBELL<br>1 SADDLE PLACE<br>PINEHURST, NC 28374   |                        |                           | RETIRED                                  |                             |                                |                  |
|   |                        |                           | MEDICAL PRODUCTS<br>SALES                |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 150.00                      |                  |
| <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  |                                | \$ 150.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 1 651.00                    |                  |

# Contributions from Individuals

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>            |                  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| JOHN J. FLYNN<br>24 BEASLEY DRIVE<br>PINEHURST, NC 28374  |                        |                           | RETIRED                                  |                             |                                |                  |
|   |                        |                           | BUSINESS EXECUTIVE                       |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  |                                | \$ 100.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| JAY HOWARD<br>6119 BIRDSONG ROAD<br>CONCORD, NC 28025   |                        |                           | OWNER                                    |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | EVENT PLANNING BUSINESS                  |                             |                                |                  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  |                                | \$ 500.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| MICHAEL B. LAGRAFF<br>50 BECKETT RDG<br>PINEHURST, NC 28374   |                        |                           | RETIRED                                  |                             |                                |                  |
|   |                        |                           | BUSINESS EXECUTIVE                       |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  |                                | \$ 200.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 800.00                      |                  |

## Contributions from Individuals

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MARGARET H. LINDENBERGER<br>108 DEERWOOD LANE<br>PINEHURST, NC 28374                                      |                        |                           | RETIRE                                   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | IBM BUSINESS EXECUTIVE                   |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 170.00                      |  |
| <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  | \$ 100.00                      |  |
| <input type="checkbox"/>  | 1                      |                           | WINE AND CHEESE PARTY                    | 10/18/2015                  | \$ 70.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MERLE D. LEWIS<br>10 MELROSE PLACE<br>PINEHURST, NC 28374   |                        |                           | RETIRE                                   |                             |                                |  |
|   |                        |                           | BUSINESS EXECUTIVE                       |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| WAYNE PETERSON<br>P.O. BOX 5527<br>PINEHURST, NC 28374  |                        |                           | RETIRE                                   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | SPRINT EXECUTIVE                         |                             |                                |  |
|   |                        |                           |  |                             | <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"/>  | 1                      | CHECK                     |  | 10/13/2015                  | \$ 500.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 770.00                      |  |

## Contributions from Individuals

Pg 6 of 11 Amendment  Yes  No

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

| 1. Committee Full Name (and Fund if applicable)  |                 |                    |                                   |                      | 2. ID Number            |  |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                 |                    |                                   |                      | NRF                     |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| DEANNA L. JACKSON<br>35 WINDMERE ROAD<br>PINEHURST, NC 28374                                       |                 |                    | WAREHOUSE MANAGER                 |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    | CAI, INC                          |                      | 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"/>   | 1               | CHECK              |                                   | 10/19/2015           | \$ 1 000.00             |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| STUART L. MILLS<br>P.O. BOX 1479<br>PINEHURST, NC 28374  |                 |                    | ATTORNEY                          |                      |                         |  |
|  |                 |                    | SELF EMPLOYED                     |                      |                         |  |
|  |                 |                    | 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"/>   | 1               | CHECK              |                                   | 10/19/2015           | \$ 100.00               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MARGARET SMETANA<br>2 SQUIRES LANE<br>PINEHURST, NC 28374  |                 |                    | RETIRED -<br>ACCOUNTANT           |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 20.00                |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   | 1               | CHECK              |                                   | 10/19/2015           | \$ 20.00                |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page  |                 |                    |                                   |                      | \$ 1 120.00             |  |

# Contributions from Individuals

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| LORRAINE TWEED<br>65 LAKE POINT DRIVE<br>PINEHURST, NC 28374  |                        |                           | RETIRED                                  |                             |                                |  |
|   |                        |                           | LEGISLATIVE AIDE                         |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <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 type="checkbox"/>  | 1                      |                           | WINE AND CHEESE                          | 09/23/2015                  | \$ 120.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| KATHIE PARSON<br>170 EVERETTE ROAD<br>PINEHURST, NC 28374   |                        |                           | PHYSICIAN COORDINATOR                    |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | FIRSTHEALTH                              |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 69.00                       |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 09/27/2015                  | \$ 69.00                       |  |
| <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>             |  |
| NANCY HEILMAN<br>8 STIRRUP PLACE<br>PINEHURST, NC 28374   |                        |                           | RETIRED - EDUCATOR                       |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 135.00                      |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/01/2015                  | \$ 35.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 224.00                      |  |

**Contributions from Individuals**

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| JAN TORGERSEN<br>195 HEARTHSTONE ROAD<br>PINEHURST, NC 28374  |                        |                           | RETIREED                                 |                             |                                |  |
|   |                        |                           | HOMEMAKER                                |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 141.000                     |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/04/2015                  | \$ 141.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| DEAN ROBINSON<br>1 WINDSOR TERRACE<br>PINEHURST, NC 28374   |                        |                           | RETIREED                                 |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | AT&T EXECUTIVE                           |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 94.00                       |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/05/2015                  | \$ 94.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| BARBARA VENDITTI<br>11 STRATHAVEN<br>PINEHURST, NC 28374  |                        |                           | RETIREED                                 |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | NURSE                                    |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 75.00                       |  |
| <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"/>  | 1                      |                           | DESSERTAND COFFEE                        | 10/05/2015                  | \$ 75.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 310.00                      |  |

**Contributions from Individuals**

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MALLORY HICKEY<br>40 CULDEE ROAD<br>PINEHURST, NC 28374   |                        |                           | RETIRED - HOMEMAKER                      |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 113.00                      |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/07/2015                  | \$ 113.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| SANDY BERGER<br>150 SALEM ROAD<br>PINEHURST, NC 28374   |                        |                           | RETIRED<br>COMPUTER CONSULTANT           |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 30.00                       |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/08/2015                  | \$ 30.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| NANCY BLUM<br>795 DIAMONDHEAD DRIVE<br>PINEHURST, NC 28374  |                        |                           | RETIRED - HOMEMAKER                      |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <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"/>  | 1                      |                           | WINE AND CHEESE                          |                             | \$ 200.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 343.00                      |  |

**Contributions from Individuals**

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| CHRISTINE DANDENEAU<br>SPUR ROAD<br>PINEHURST, NC 28374   |                        |                           | ARCHITECT- SELF EMPLOYED                 |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 125.00                      |  |
| <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/10/2015                  | \$ 125.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| JOAN WILLIAMS<br>3 SQUIRES LANE<br>PINEHURST, NC 28374  |                        |                           | RETIRED - HOMEMAKER                      |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 50.00                       |  |
| <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"/>  | 1                      |                           | COFFEE                                   | 10/12/2015                  | \$ 50.00                       |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| SUSAN MCKENZIE<br>P.O. BOX 1553<br>PINEHURST, NC 28374  |                        |                           | REALTOR/OWNER                            |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | OLDE TOWNE REALTY                        |                             |                                |  |
|   |                        |                           |  |                             | <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"/>  | 1                      |                           | WINE AND CHEESE                          | 10/14/2015                  | \$ 200.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 375.00                      |  |

# Contributions from Individuals

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>            |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE  |                        |                           |  |                             | NRF                            |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| PETER DeYOUNG<br>80 FERGUSON ROAD<br>PINEHURST, NC 28374  |                        |                           | SEMI-RETIRED                             |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | EVENT PLANNER                            |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 225.00                      |  |
| <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"/>  | 1                      |                           | WINE AND CHESSE                          | 10/19/2015                  | \$ 225.00                      |  |
| <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>             |  |
|   |                        |                           |  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$                             |  |
| <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"/>  |                        |                           |  |                             | \$                             |  |
| <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>             |  |
|   |                        |                           |  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$                             |  |
| <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"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             |                                |  |
|   |                        |                           |  |                             | \$ 225.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |  |                             |                                |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                                    |                        |                           |  |                             | \$ 7 326.00                    |  |

# Contributions from Other Political Committees

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

|  |                           |   |                             |   |  |
|--|---------------------------|---|-----------------------------|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                           |   |                             | <b>2. ID Number</b><br>NRF                  |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>NC REALTORS PAC<br>4511 WEYBRIDGE LANE<br>GREENSBORO, NC 27407 |                           | <b>b. Type of Committee</b><br><input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC<br><input type="checkbox"/> Referendum  |                             | <b>d. Comments</b>                          |  |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | <b>e. Election Sum to Date</b><br>\$ 750.00 |  |
| <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>                            |  |
| 1  | CHECK                     |   | 10/13/2015                  | \$ 750.00                                   |  |
|  |                           |   |                             | \$  |  |
|  |                           |   |                             | \$  |  |
| <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 Committee</b><br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum   |                             | <b>d. Comments</b>                          |  |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | <b>e. Election Sum to Date</b><br>\$        |  |
| <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>                            |  |
|  |                           |   |                             | \$  |  |
|  |                           |   |                             | \$  |  |
|  |                           |   |                             | \$  |  |
| <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><br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum   |                             | <b>d. Comments</b>                          |  |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | <b>e. Election Sum to Date</b><br>\$        |  |
| <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>                            |  |
|  |                           |   |                             | \$  |  |
|  |                           |   |                             | \$  |  |
|  |                           |   |                             | \$  |  |
| <b>4. Total only this Page</b>   |                           |   |                             | \$ 750.00                                   |  |
| <b>5. Total of ALL CRO-1230 Pages</b><br><i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>                                    |                           |   |                             | \$ 750.00                                   |  |

# 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

|  |                            |  |                           |  |  |
|--|----------------------------|--|---------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            |  |                           | <b>2. ID Number</b>                      |  |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                            |  |                           | NRF                                      |  |
| <b>3. Lender Information</b> <input checked="" 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>                       |  |
| NANCY ROY FIORILLO<br>185 EVERETTE ROAD<br>PINEHURST, NC 28374                                       |                            | MAYOR                                    |                           | CANDIDATE                                |  |
|  |                            |  |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|  |                            | <b>c. Employer's Name/Specific Field</b> |                           | 09/25/2015                               |  |
|  |                            | VILLAGE OF PINEHURST                     |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|  |                            |  |                           |  |  |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| 0 %  | NONE                       | 1  | CHECK                     | \$ 10 000.00                             |  |
| <b>L. Full Name of Lending Institution</b>   |                            |  |                           | <b>m. Loan Number</b>                    |  |
|  |                            |  |                           |  |  |
| <b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>                               |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                     |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            |  |                           | <b>d. Percentage</b>                     |  |
|  |                            |  |                           | %  |  |
|  |                            |  |                           | \$                                       |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                     |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            |  |                           | <b>d. Percentage</b>                     |  |
|  |                            |  |                           | %  |  |
|  |                            |  |                           | \$                                       |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                     |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            |  |                           | <b>d. Percentage</b>                     |  |
|  |                            |  |                           | %  |  |
|  |                            |  |                           | \$                                       |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                     |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            |  |                           | <b>d. Percentage</b>                     |  |
|  |                            |  |                           | %  |  |
|  |                            |  |                           | \$                                       |  |
| <b>5. Total of ALL CRO-1410 Pages</b>  |                            |  |                           | \$ 10 000.00                             |  |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>                               |                            |  |                           |  |  |



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- **Name of committee to receive loan:** NANCY FOR MAYOR  
CAMPAIGN COMITTEE
- **Person or committee to make loan:** NANCY ROY  
FIORILLO
- **Date of loan to committee:** 09/25/2015
- **Name of lending institution and account number (source):**  
N/A
- **Amount of loan:** \$10 000.00
- **Description (if in-kind loan):**  
N/A
- **Names of all parties responsible for payment of loan (guarantors):**  
N/A
- **Period of loan:** INDEFINITE

- Rate of interest of loan: 0 percent
- Security pledged for loan: None

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

*Nancy Roy Fiorillo*

**Signature of Lender**  
**Date Signed** 10/23/2015

*Robert E. Jones*

**Signature of Treasurer of Committee**  
**Date Signed** 10/23/2015

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

# 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><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                           |  |                             |                                | <b>2. ID Number</b><br>NRF |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |  |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>SHERRIE SABO GRAPHICS<br>75 FIELDS ROAD<br>PINEHURST, NC 28374  |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>             |                            |
|  |                           | <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: |                             | \$ 2 517.90                    |                            |
| <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> |
| 1  | CHECK                     | A  | 09/29/2015                  | \$244.90                       | GRAPHICS DESIGN            |
| 1  | CHECK                     | A  | 10/09/2015                  | \$1413.00                      | WEBSITE DESIGN             |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |  |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>SHERRIE SABO GRAPHICS<br>75 FIELDS ROAD<br>PINEHURST, NC 28374  |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>             |                            |
|  |                           | <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: |                             | \$ 2 517.90                    |                            |
| <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> |
| 1  | CHECK                     | A  | 10/16/2015                  | \$860.00                       | GRAPHIS DESIGN             |
|  |                           |  |                             | \$                             |                            |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |  |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>RICHMOND RENTALS<br>1385 US 1 HWY SOUTH<br>SOUTHERN PINES, NC 28387   |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>             |                            |
|  |                           | <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: |                             | \$ 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> |
| 1  | CHECK                     | O  | 10/01/2015                  | \$75.00                        | HELIUM TANK RENTAL         |
|  |                           |  |                             | \$                             |                            |
| <b>5. Total only this Page</b>   |                           |  |                             |                                | \$ 2 592.90                |
| <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> |                           |  |                             |                                | \$                         |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |  |                             |                                |                            |
| A* - Media     B* - Printing     C* - Fundraising     D - To Another Candidate   |                           |  |                             |                                |                            |

# 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>        |
| NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                           |  |                             |                                     | NRF                        |
| <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 checked="" 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>                  |                            |
| SHUTTERBUG GRAFIX<br>P.O. BOX 3803<br>PINEHURST, NC 28374  |                           |  |                             |                                     |                            |
|  |                           | <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: |                             | \$ 835.96                           |                            |
| <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> |
| 1  | CHECK                     | O  | 09/29/2015                  | \$537.06                            | CAR AND YARD SIGNS         |
| 1  | CHECK                     | O  | 10/06/2015                  | \$149.45                            | CAR SIGNS                  |
| <b>4. Payee Information</b> <input checked="" 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>                  |                            |
| SHUTTERBUG GRAFIX<br>P.O. BOX 3805<br>PIMEHURST, NC 28374  |                           |  |                             |                                     |                            |
|  |                           | <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: |                             | \$ 835.96                           |                            |
| <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> |
| 1  | CHECK                     | O  | 10/16/2015                  | \$149.45                            | CAR SIGNS                  |
|  |                           |  |                             | \$                                  |                            |
| <b>4. Payee Information</b> <input checked="" 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>                  |                            |
| MUIRFIELD BROADCASTING<br>200 SHORT ROAD<br>SOUTHERN PINES, NC 28387   |                           |  |                             |                                     |                            |
|  |                           | <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: |                             | \$ 1 071.00                         |                            |
| <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> |
| 1  | CHECK                     | A  | 10/09/2015                  | \$1071.00                           | RADIO ADS                  |
|  |                           |  |                             | \$                                  |                            |
| <b>5. Total only this Page</b>   |                           |  |                             |                                     | \$ 1 906.96                |
| <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> |                           |  |                             |                                     | \$                         |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |  |                             |                                     |                            |
| A* - Media   |                           | B* - Printing  |                             | C* - Fundraising                    |                            |
| E - Salaries   |                           | F* - Equipment   |                             | D - To Another Candidate            |                            |
|  |                           |  |                             | G - Political Party                 |                            |
|  |                           |  |                             | H* - Holding Public Office Expenses |                            |

# 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><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                           |  |                                     |                                | <b>2. ID Number</b>        |
| <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 checked="" 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>             |                            |
| THE VILLAGE PRINTERS<br>P.O. BOX 2139<br>PINEHURST, NC 28374   |                           |  |                                     |                                |                            |
|  |                           | <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: |                                     | \$ 5 831.95                    |                            |
| <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> |
| 1  | CHECK                     | O  | 10/01/2015                          | \$1269.26                      | MAILINGS                   |
| 1  | CHECK                     | O  | 10/05/2015                          | \$1635.18                      | MAILINGS                   |
| <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>             |                            |
| THE VILLAGE PRINTERS<br>P.O. BOX 2139<br>PINEHURST, NC 28374   |                           |  |                                     |                                |                            |
|  |                           | <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: |                                     | \$ 5 831.95                    |                            |
| <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> |
| 1  | CHECK                     | O  | 10/16/2015                          | \$1429.38                      | MAILINGS                   |
|  |                           |  |                                     | \$                             |                            |
| <b>4. Payee Information</b> <input checked="" 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>             |                            |
| WEEB RADIO<br>1650 MIDLAND ROAD<br>SOUTHERN PINES, NC 28387  |                           |  |                                     |                                |                            |
|  |                           | <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: |                                     | \$ 536.00                      |                            |
| <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> |
| 1  | CHECK                     | O  | 10/10/2015                          | \$536.00                       | RADIO ADS                  |
|  |                           |  |                                     | \$                             |                            |
| <b>5. Total only this Page</b>   |                           |  |                                     |                                | \$ 4 869.82                |
| <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> |                           |  |                                     |                                | \$                         |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |  |                                     |                                |                            |
| A* - Media   | B* - Printing             | C* - Fundraising   | D - To Another Candidate            |                                |                            |
| E - Salaries   | F* - Equipment            | G - Political Party  | H* - Holding Public Office Expenses |                                |                            |
| I - Postage  | J - Penalties             | K* - Office Expenses   | Q* - Donation to Legal Expense Fund |                                |                            |

# 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><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |                           |   |  |   | <b>2. ID Number</b><br>NRF                    |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>   |                           |   |  |   |   |
| <input 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><br>THE PILOT<br>145 WEST PENNSYLVANIA AVE<br>SOUTHERN PINES, NC 28387  |                           |   | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                            |
|  |                           |   | <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><br>\$ 3 991.24 |
| <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>                    |
| 1  | CHECK                     | A   | 10/01/2015   | \$1293.75   | NEWSPAPER ADS                                 |
| 1  | CHECK                     | A   | 10/13/2015   | \$1806.25   | NEWSPAPER ADS                                 |
| <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><br>THE PILOT<br>145 WEST PENNSYLVANIA AVE<br>SOUTHERN PINES, NC 28387  |                           |   | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                            |
|  |                           |   | <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><br>\$ 3 991,24 |
| <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>                    |
| 1  | CHECK                     | A   | 10/14/2015   | \$116,24  | NEWSPAPER ADS                                 |
|  |                           |   |  | \$  |   |
| <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>                            |
|  |                           |   | <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><br>\$          |
| <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>                    |
|  |                           |   |  | \$  |   |
|  |                           |   |  | \$  |   |
| <b>5. Total only this Page</b>   |                           |   |  |   | \$ 3 216.24                                   |
| <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> |                           |   |  |   | \$ 12 585.92                                  |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |  |   |   |
| A* - Media   | B* - Printing             | C* - Fundraising  | D - To Another Candidate   |   |   |
| E - Salaries   | F* - Equipment            | G - Political Party   | H* - Holding Public Office Expenses  |   |   |
| I - Postage  | J - Penalties             | K* - Office Expenses  | 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.

|   |  |   |   |
|---|--|---|---|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE  |  | <b>2. ID Number</b><br>NRF  |   |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                       |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>LORRAINE TWEED<br>65 LAKE POINT ROAD<br>PINEHURST, NC 28374 |  | <b>b. Type of Contributor</b><br><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><br>\$ 120.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>09/23/2015   | <b>g. Fair Market Amount</b><br>\$ 120.00   |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                       |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>KATHIE PARSON<br>170 EVERETTE ROAD<br>PINEHURST, NC 28374   |  | <b>b. Type of Contributor</b><br><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><br>\$ 69.00  |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>09/27/2015   | <b>g. Fair Market Amount</b><br>\$ 69.00    |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                       |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>NANCY HEILMAN<br>8 STIRRUP PLACE<br>PINEHURST, NC 28374     |  | <b>b. Type of Contributor</b><br><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><br>\$ 135.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/01/2015   | <b>g. Fair Market Amount</b><br>\$ 35.00    |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>4. Total only this Page</b>  |  |   | \$ 224.00                                   |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)                                       |  |   | \$  |

# 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>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |  | <b>2. ID Number</b><br>NRF  |   |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>JAN TORGENSEN<br>195 HEARTHSTONE ROAD<br>PINEHURST, NC 28374 |  | <b>b. Type of Contributor</b><br><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><br>\$ 141.00 |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/04/2015   | <b>g. Fair Market Amount</b><br>\$ 141.00   |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>DEAN ROBINSON<br>1 WINDSOR TERRACE<br>PINEHURST, NC 28374    |  | <b>b. Type of Contributor</b><br><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><br>\$ 94.00  |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/05/2015   | <b>g. Fair Market Amount</b><br>\$ 94.00    |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>BARBARA VENDITTI<br>11 STRATHAVEN<br>PINEHURST, NC 28374     |  | <b>b. Type of Contributor</b><br><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><br>\$ 75.00  |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/05/2015   | <b>g. Fair Market Amount</b><br>\$ 75.00    |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>4. Total only this Page</b>   |  |   | \$ 310.00                                   |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)  |  |   | \$  |

# 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>NANCY FOR MAYOR CAMPAIGN COMMITTEE   |  | <b>2. ID Number</b>   |   |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>MALLORY HICKEY<br>40 CULDEE ROAD<br>PINEHURST, NC 28374          |  | <b>b. Type of Contributor</b><br><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><br>\$ 113.00   |   |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/07/2015   | <b>g. Fair Market Amount</b><br>\$ 113.00 |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>SANDY BERGER<br>150 SALEM ROAD<br>PINEHURST, NC 28374            |  | <b>b. Type of Contributor</b><br><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><br>\$ 30.00  |   |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/08/2015   | <b>g. Fair Market Amount</b><br>\$ 30.00  |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>NANCY BLUM<br>795 DIAMONDHEAD DRIVE SOUTH<br>PINEHURST, NC 28374 |  | <b>b. Type of Contributor</b><br><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><br>\$ 200.00   |   |
| <b>e. Description</b><br>WINE AND CHEESE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/08/2015   | <b>g. Fair Market Amount</b><br>\$ 200.00 |
|  |  |   | \$  |
|  |  |   | \$  |
| <b>4. Total only this Page</b>   |  | \$ 343.00   |   |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)  |  | \$  |   |

# In-Kind Contributions

WADSWORTH COUNTY PUBLIC COPY

Amendment

Pg 4 of 5  Yes  No

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

|   |  |   |   |
|---|--|---|---|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>NANCY FOR MAYOR CAMPAIGN COMMITTEE  |  | <b>2. ID Number</b>   |   |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>CHRISTINE DANDENEAU<br>SPUR ROAD<br>PINEHURST, NC 28374 |  | <b>b. Type of Contributor</b><br><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><br>\$ 125.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/10/2015   | <b>g. Fair Market Amount</b><br>\$ 125.00   |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>JOAN WILLIAMS<br>3 SQUIRES LANE<br>PINEHURST, NC 28374  |  | <b>b. Type of Contributor</b><br><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><br>\$ 50.00  |
| <b>e. Description</b><br>COFFEE   |  | <b>f. Date (mm/dd/yyyy)</b><br>10/12/2015   | <b>g. Fair Market Amount</b><br>\$ 50.00    |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>SUSAN MCKENZIE<br>P.O. BOX 1553<br>PINEHURST, NC 28374  |  | <b>b. Type of Contributor</b><br><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><br>\$ 200.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/14/2015   | <b>g. Fair Market Amount</b><br>\$ 200.00   |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>4. Total only this Page</b>  |  |   | \$ 375.00                                   |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)                                   |  |   | \$  |

# 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>NANCY FOR MAYOR CAMPAIGN COMMITTEE  |  | <b>2. ID Number</b>   |   |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>MARY ANN McCRARY<br>14 ABINGTON DRIVE<br>PINEHURST, NC            |  | <b>b. Type of Contributor</b><br><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><br>\$ 233.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/16/2015   | <b>g. Fair Market Amount</b><br>\$ 133.00   |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>MARGARET LINDENBERGER<br>108 DEERWOOD LANE<br>PINEHURST, NC 28374 |  | <b>b. Type of Contributor</b><br><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><br>\$ 170.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/18/2015   | <b>g. Fair Market Amount</b><br>\$ 70.00    |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>PETER DILONG<br>80 FERGUSON ROAD<br>PINEHURST, NC 28374           |  | <b>b. Type of Contributor</b><br><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><br>\$ 225.00 |
| <b>e. Description</b><br>WINE AND CHEESE  |  | <b>f. Date (mm/dd/yyyy)</b><br>10/19/2015   | <b>g. Fair Market Amount</b><br>\$ 225.00   |
|   |  |   | \$  |
|   |  |   | \$  |
| <b>4. Total only this Page</b>  |  | \$ 428.00   |   |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)   |  | \$ 1 680.00   |   |