$\square$ No

OCO6ZL

Amendment **Disclosure Report Cover** Yes d along with other detailed forms. Use this form for general report and committee information, must Do not use this form to update information 1. Committee Information a. Full Name c. ID Number THE COMMITTEE TO ELECT GLADMAN John Gladman b. Mailing Address (include City, State and Zip Code) d. Date Filed PO BOX 1203 <del>03/05/2008</del> 4/15/08 WINSTON-SALEM, NC 27102-1203 e. Phone Number 336-354-7290 4. Period End Date 5. Treasurer Hull Name 2. Report Year 3. Period Start Date (mm/dd/yy) mm/dd/yy) 3/10/08 SHARON A MALLOY

2008	<del>-03/01/2008</del> -z/z	.7/08 - <del>03/3</del>	31/2008	SHARON A MAL				
6. Type of Committe Candidate		9. Type of Report		ly one type of reports				
Campaign	Party	Municipal	State/Co	ounty	Referendum			
Joint Fundraiser	PAC	Organizational		Organizational	Organizational			
Referendum	Legal Expense Fund	Thirty-five day	y (	Juarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	Pre-primary	First		Final			
"Booster Fund"		Pre-election		Second	Supplemental Final			
Building Fund		Pre-runoff		Third				
	on Year Candidates Fund	Semi-annual Mid Year		Fourth	Special			
	NC Public Campaign Financing Fund			Semi-annual				
Other:		Year End	'  님	Mid Year	10: Special Report Name			
	nation that so we have a set of the set of the set	<b>Final</b>	니님	Year End	2008			
8. Number of Fundraisers this Report		Special		Final				
	1			Special	F PR CA			
11. Account Informat	fion	in a chart an an ann an thair	HI Account	<b>Mornation</b>				
a. Financial Institution Fu	di Name		a. Financial Insti	itution Full Name				
BB&T								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
CAMPAIGN 247		7			5			
ACCOUNT								
IN-KIND	d. Period Begin Balance				d. Efriod Begin Balance			
DONATION \$ <del>100.00</del> ()					\$			

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f). Λ il ma ina 11 mil.  $\mathbf{N}$ 

<u>Printed Name of Signer</u>			ture of Appointed Treasurer	 Date
FOR OFFICE USE ON	LY			
Date Received:	4-15-08	Employee:	Judy Topeas	Delivery Method           Delivery Method           Image: Im
Date Postmarked:	·	Employee:		<ul> <li>Registered Mail</li> <li>Hand Delivered</li> </ul>
Date Scanned:	······································	Employee:		<ul><li>Electronically Filed</li><li>Signer has not received</li></ul>
Date Data Entered:	<u></u>	Employee:		mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-F) to make committee changes.

mendment	
Yes	

Number

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**Election Cycle** -100:00 0

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<b>Detailed Summary</b> Use this form to summarize all disclosure reporting forms and	l to total monetary	y information.	Amen
1. Committee Full Name (and Fund if applicable)	M Me of Report	l - Street -	3. ID Nu
THE COMMITTEE TO ELECT JOHN GLADMAN	ORGANIZATIO	NAL KEPT	OCQ6ZL
Start of Election Cycle: January 1,	2008	Total this Reporting Perio	d
4) Cash on Hand at Start		\$ 100.00 0	\$
RECEIPTERS		and an ann an Anna an Anna an Anna an Anna Anna an Anna an Anna an Anna an Anna Anna Anna an Anna Anna	land of Amerikan Fri Amerikan
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	. \$
6) Contributions from Individuals	(C <b>RO-1210</b> )	\$ 281.22	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			اليون المراجع بين المراجع المراجع المراجع بي الأسلام المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	s (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c a	md 11d)	\$ 281.22	\$
INVENDERNRESSER	an a		in som som det som
13) Disbursements		na an Arrainneach Sanaigh ann an Arrainneach an an an Arrainneach Sanaigh an an ann an Arrainneach an Arrainneach	an a
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Renavments	(CRO-1420)	S	\$

(CRO-1420) \$

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15) Loan Repayments

**In-Kind Contributions** 

25) Administrative Support

**48-Hour Notice Reports Sum** 

Contributions to be refunded

**Forgiven Loans** 

**Refunds/Reimbursements From the Committee** 

Non-Monetary Gifts Given to Other Committees

Outstanding Loans (incl. ones from other campaigns)

CONTRACTOR REPORTED AND A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONTRACT

22) Debts and Obligations owed By the Committee

23) Debts and Obligations owed To the Committee

Account Transfers Within the Committee

TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)

Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)

16)

17)

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|       |                           |                                                              |                                       | rom Individu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                       | Pg of                                    | 1         | mendment<br>Yes IN              | In              |
|-------|---------------------------|--------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|------------------------------------------|-----------|---------------------------------|-----------------|
|       | Us                        | se this form to                                              | o report i                            | individual contribu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tions over \$50 o  | r contributions u                     | nder \$50 if form                        | CRO 120   | 05 is not used                  |                 |
|       |                           |                                                              |                                       | ne (sind bund if an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                       |                                          | 2, ID     | Number                          |                 |
|       |                           |                                                              |                                       | e to elect Ju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ha Gladana         |                                       | en e | 1 - A     | and the second second           | * • • • •       |
|       | 02100000000000            | Contributor<br>ull Name, Mail                                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | the sector of th |                    | b. Job Title/Pre                      | kemove a star                            | d. Com    |                                 |                 |
|       |                           | nclude city, sta                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | A                                     | <u></u>                                  | u. Com    | ments                           |                 |
|       |                           | John C.                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | So with 4                             | Kame/Specific Field                      |           | 1                               |                 |
|       |                           | 1184 Tren                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          |           |                                 |                 |
|       |                           | Qual He                                                      | 11. N.C                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | The Solur<br>1255 N.                  | Trade SE                                 | <u></u>   | ion Sum to Date                 |                 |
|       |                           |                                                              |                                       | 14 - 100 may 17 - 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                  | N L-U                                 | . 6 27102                                | \$ 2      | 81. 2.2                         |                 |
|       | f. Pr                     |                                                              |                                       | h. Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | i. In-Kind Descr   | iption                                | j. Date (mm/dd/yy                        | yy) k. /  | Amount                          |                 |
|       |                           | *                                                            |                                       | <u>Lhrch</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Filing Fe          | ??                                    | 2/22/08                                  | \$        | 181. 22                         |                 |
|       |                           | 247                                                          |                                       | chech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                       | 2/27/08-<br>3/10/ 08                     | \$        | 109, **                         |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 |                 |
|       |                           | onuelborror II                                               | Contract of States                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       | moye                                     |           | 310 등 1월 1일 <sup>4</sup> 2 1999 |                 |
|       |                           | l Name, Mailin<br>lude city, state,                          |                                       | & Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | b. Job Title/Profe                    |                                          | d. Comm   | ents                            |                 |
|       | , tine                    | idde eny, state,                                             | ος Σιμι                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       | •                                        | ·.•       | · ·                             |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | c. Employer's Na                      | me/Specific Field                        |           |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | e Flectio | n Sum to Date                   | <u></u>         |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        | u sum o sau                     |                 |
|       | 6 Prior                   | g. Account (                                                 | Code h.                               | Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i. In-Kind Descrip | FIGHE                                 | j. Date (mm/dd/yyy                       |           | nount                           | e<br>Seriada Ne |
| I     |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       | J. Date Milleau 793                      | \$        |                                 |                 |
| ł     |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          |           |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       | -                                        | \$        |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 |                 |
|       |                           | tributor Inf                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Adden 🗖 Ren                           |                                          |           |                                 |                 |
| 3     |                           | ame, Mailing<br>de city, state, &                            |                                       | : Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | b. Job Title/Profess                  | sion d                                   | Comme     | nts                             |                 |
|       |                           |                                                              | <u></u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>            |                                       |                                          |           |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | c. Employer's Nam                     | e/Specific Field                         |           |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · .                |                                       | e                                        | Election  | Sum to Date 🕥                   |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 |                 |
| r.    | Prior                     | g. Account Co                                                | de h.F                                | orm of Payment i.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | In-Kind Descripti  | on j                                  | . Date (mm/dd/yyyy)                      | k, Am     | nnt                             |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 |                 |
|       |                           |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 | 1               |
|       | ]                         |                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                       |                                          | \$        |                                 | 1               |
| dh We | o the resonant souther in | ilontytins                                                   |                                       | Children and and an an an an array of the second strategy of the second strategy of the second strategy of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0. <b>-</b> 1. (1  |                                       | \$                                       | 281       | 22                              |                 |
| 63 M  |                           | Starting of Andrew Andrew Starting and Starting and Starting |                                       | 210 Pages and and the second s | CROATOO)           |                                       | \$ <sup>11</sup>                         |           | 1. 22                           | 1               |
| í T   | 0 12                      | 10                                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                          |           |                                 | _               |

## **In-Kind Contributions**

Pg \_\_\_\_\_ of

Amendment Yes No

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

| 1. Committee Full Name (and Fund if applicable)                                                   |                          |             |                                  |                                          | 2.      | ID Number               |  |
|---------------------------------------------------------------------------------------------------|--------------------------|-------------|----------------------------------|------------------------------------------|---------|-------------------------|--|
| The Committee to Elect John G                                                                     | <u>la d</u>              | łم          | ww.                              |                                          |         | OCQEZL                  |  |
| 3. Contributor Information                                                                        | <b>]</b> A               | ٧dd         |                                  | emove                                    |         |                         |  |
| a. Full Name, Mailing Address & Phone                                                             | -                        |             | pe of Conta                      | ibutor                                   | c.      | Comments                |  |
| (include city, state, & zip)                                                                      |                          | _/          | Individual                       | • -                                      |         |                         |  |
| John C. Gladarow                                                                                  | 밑                        |             | Candidate                        |                                          |         |                         |  |
| 1184 Tremsot                                                                                      |                          |             | Party<br>PAC                     |                                          |         |                         |  |
| Aural Harri, N.C.                                                                                 |                          | -           | Referendum                       | ot Source                                |         | d. Election Sum to Date |  |
|                                                                                                   | Ē                        |             | Other Receip                     |                                          |         |                         |  |
| 2743                                                                                              |                          |             |                                  |                                          |         | 281.22                  |  |
| e. Description                                                                                    |                          |             |                                  | f. Date (mm/dd/yyyy) g. Fair Market Amou |         |                         |  |
| Filmy Fee                                                                                         |                          |             |                                  | 2/27/08                                  |         | \$ 181. 22              |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
| 3. Contributor Information                                                                        | Ad                       | مردر الملاح | Print and an and a strain of the | move                                     |         |                         |  |
| a. Full Name, Mailing Address & Phone                                                             | b. 1                     |             | e of Contri                      | butor                                    | c. C    | Comments                |  |
| (include city, state, & zip)                                                                      |                          | -           | idividual<br>andidate            |                                          |         |                         |  |
|                                                                                                   |                          |             | andidate<br>arty                 |                                          |         |                         |  |
|                                                                                                   | Ы                        |             | AC                               |                                          |         |                         |  |
|                                                                                                   | Referendum Other Receipt |             |                                  | L                                        |         | d. Election Sum to Date |  |
|                                                                                                   |                          |             | ther Receipt                     |                                          |         | \$                      |  |
| e. Description                                                                                    |                          |             |                                  | f. Date (mm/dd/yyy                       |         | g. Fair Market Amount   |  |
|                                                                                                   |                          |             |                                  |                                          | •       | \$                      |  |
|                                                                                                   |                          |             |                                  |                                          |         | <b>Þ</b>                |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
| 3. Contributor Information                                                                        | Add                      | đ           | T Ren                            | 16vé                                     |         |                         |  |
|                                                                                                   | b. T                     | 'ype        | of Contrib                       |                                          | c. C(   | omments                 |  |
| (include city, state, & zip)                                                                      |                          | Inc         | lividual                         |                                          |         |                         |  |
|                                                                                                   | =                        |             | ndidate                          |                                          |         |                         |  |
|                                                                                                   |                          | Par         | =                                |                                          |         |                         |  |
|                                                                                                   | =                        | PA          | C<br>ferendum                    |                                          | 1° 10'1 | ection Sum to Date      |  |
|                                                                                                   |                          |             | her Receipt                      | Source                                   |         |                         |  |
|                                                                                                   |                          |             | 1                                |                                          | \$      |                         |  |
| . Description                                                                                     |                          |             |                                  | f. Date (mm/dd/yyyy                      | )       | g. Fair Market Amount   |  |
|                                                                                                   |                          |             |                                  | <del>.</del>                             |         | \$                      |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
|                                                                                                   |                          |             |                                  |                                          |         | \$                      |  |
| . Total only this Page                                                                            |                          |             |                                  |                                          | \$      | 181.22                  |  |
| . Total of ALL CRO-1510 Pages<br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |                          |             |                                  |                                          | \$      |                         |  |