Use this form for general Do not use this form to u		nformati	on, must be	signed a	nd subr	nitted along with o	other	detailed forms.
1. Committee Informat	Section 1997			Arrent de				
a. Full Name	108					<u> </u>	l c	ID Number
The Committee to Elect	Stan Dean		<u></u>					5CQ2F3
b. Mailing Address (include (City, State and Zip Code)					· -	d	. Date Filed
215 N. Pine Valley Roa Winston-Salem, NC 27	d							10/25/2010
winston-satem, NC 27	104						e.	Phone Number
								336-409-0784
2. Report Year 3. 1	Period Start Date (mm/d	d/yy)	4. Period l (mm/dd/yy)	End Dat	e	5. Treasurer Fu		me
2010	7/1/2010		10/1	6/2010		Russell G. Town	ier	
6. Type of Committee (Check One)	9. Typ	e of Report	(ch	eck onl	y one type of repo	rt fro	m one category)
Candidate Campaign	Party	Municip			State/County		R	eferendum
PAC	Referendum		Organizational		Organizational		[Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	y	(Quarterly		Pre-referendum
Legal Expense Fund	applicable, check one)		Pre-primary		m	First	Ìг	☐ Final
7. Type of Fund (if	иррисионе, спеск оне)	[남	Pre-election		H	Second	·	Supplemental Final
Building Fund		l∺	Pre-runoff		\boxtimes	Third	۱ř	Annual
Dunuing runa			Semi-annual		Ħ	Fourth	۱ř	Specia
		П	Mid Year	r		Semi-annual	-	- ! ! 으로 불성
Other:			Year End	ı	П	Mid Year	1	0. Special Report Name
	lĦ	Final Year End			Year End			
8. Number of Fundrais	ers this Report	lĦ	Special			Final	-	
2						Special		-
11. Account Information	····	<u>1 1421 y</u>				nformation	<u> </u>	
a. Financial Institution Full l	Vame			a. Finan	cial Insti	itution Full Name		<u></u>
Sun Trust Bank					···-			
b. Purpose	c. Account Code			b. Purpo	ose			c. Account Code
All Campaign Funds	SPI	D 1						
ruius	d. Period Begin Balance						t	d. Period Begin Balance
	\$ 2,380.25							\$
CERTIFICATION				· · · · · · · · · · · · · · · · · · ·				
	ttee or Fund is in compli	ance wit	h all applica	ble prov	isions o	of Article 22A, 22I	B. & :	22D-22M of Chapter 163 of
the NC General Statutes	and that no funds are co	mmingle	ed with proh	ibited or	other r	non-disclosed fund	ls. I fi	urther certify that this report
is complete, true and cor	rect and that I have beer	trained	by the NC	state Boa	ard of E	ections.		
Russell G. Tow			130	me	U S	1 Torne	<u>. 10/</u>	24/2010
P	rinted Name of Signer		S	ignature of	Appoint	ed Treasurer		Date
FOR OFFICE USE ONL	Υ , ,				_			
Date Received:	10/25/10		Employee:		Jud	y Speas	Del	livery Method Normal Mail
Date Postmarked:			Employee:			. <u></u>	片	Registered Mail Hand Delivered
Date Scanned:			Employee:					Electronically Filed Signer has not received
Date Data Entered:			Employee:					mandatory training
Please Note: This fo			nmittee infor				iress,	treasurer, assistant treasurer,

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

Disclosure Report Cover

Amendment

 \boxtimes

No

Amendment **Detailed Summary** No Use this form to summarize all disclosure reporting forms and to total monetary information. 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report 5CQ2F3 The Committee to Elect Stan Dean Total this **Total this** 2010 **Start of Election Cycle:** January 1, Reporting Period **Election Cycle** \$ Cash on Hand at Start 2,380.25 RICCIDITIALS \$ **Aggregated Contributions from Individuals** (CRO-1205) 9,459.75 \$ 12,050.75 Contributions from Individuals (CRO-1210) \$ \$ \$ **Contributions from Political Party Committees** (CRO-1220) \$ **Contributions from Other Political Committees** (CRO-1230) \$ (CRO-1410) Loan Proceeds 9) \$ \$ Refunds/Reimbursements To the Committee (CRO-1240) 11) **Other Receipt Sources** \$ (CRO-1250) **Interest on Bank Accounts** \$ \$ Contributions from Not-for-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ (CRO-1270) 11d) Legal Expense Fund - Other Sources \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) 9,459.75 12,050.75 **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) S. S. Cong. 1, 10 SEES SUBJECT OF SEES SEES 13) Disbursements 6,659.68 \$ 6,659.68 (CRO-1310) 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ (CRO-1315) \$ 19.75 14) Aggregated Non-Media Expenditures \$ (CRO-1420) 15) Loan Repayments 16) Refunds/Reimbursements From the Committee 384.76 \$ 384.76 (CRO-1320) \$ In-Kind Contributions (CRO-1510) 384.76 575.76 17) 7,639.95 7,429.20 \$ 18) **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) 4,410.80 \$ 4,410.80 19) 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)

(CRO-1430)

(CRO-1610)

(CRO-1620)

(CRO-1720)

(CRO-1710)

(CRO-1440)

(CRO-2200)

(CRO-1215)

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384.76

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21)

22)

23)

24)

25)

26)

Outstanding Loans (incl. ones from other campaigns)

Debts and Obligations owed By the Committee

Debts and Obligations owed To the Committee

Account Transfers Within the Committee

Administrative Support

48-Hour Notice Reports Sum

Contributions to be Refunded

Forgiven Loans

384.76

\$

\$

\$

\$

Use this	form to report indi	ividual contributions	over \$50	or contributions u	nder \$50 if form CR	RO 1205 is n	ot used	
1. Comn	nittee Full Name	and Fund if applica	ble)			2. ID Nu	mber	
The Com	mittee to Elect Sta	an Dean					5CQ2F3	
3. Contr	ibutor Informatio	on .		Add]	Remove	 		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Commer	nts	
	city, state, & zip)							
Michael 1								
	tery Court			c. Employer's Name	/Specific Field			
WS, NC	27104							
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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							\$	
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3. Contri	butor Informatio	on		Add 🔲 I	Remove			
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	city, state, & zip)	···		Retired				
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1 Park Vi				c. Employer's Name	/Specific Field	_		
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	city, state, & zip)			Investor				
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WS, NC				c. Employer's Name		-		
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- -	only this Page					\$		250.00
	of ALL CRO-	1210 Pages	00 1100			\$		9,459.75

		n Individuals		Pg		16	Yes	∑ No
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1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nur	nber	[st new D
The Com	mittee to Elect Sta	an Dean					5CQ2F3	
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	city, state, & zip)			Physician				
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WS, NC	•			East Carolina Scho	•	1		
"5, 110	27101			Medicine		e. Election S	Sum to Date	
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	city, state, & zip)			Sales Rep				
Christine					*** *** * *	-		
4	ge Avenue			c. Employer's Name/Sp Cerner	ecitic Field	-		
LOS Allos	s, CA 94022			Cerner		e. Election S	Sum to Date	
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3	city, state, & zip)			President				
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WS, NC	usman Rd			c. Employer's Name/Sp Theodore Alexand		-		
W 5, NC	27104			Theodore Thexalia	or 66, me	e. Election S	Sum to Date	
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		lividual contributions o		0 or contributions un	der \$50 if form CF			
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The Com	nmittee to Elect Sta	an Dean					5CQ2F3	_
	ibutor Informatio	and the second s		Add 🗌 Re	emove	<u> </u>		
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts	·
_	city, state, & zip)			Attorney/Candida	ite	T		
Stan Dea								
215 N. Pi WS, NC	ine Valley Road			c. Employer's Name/S	pecific Field	4		
W 3, 110	2/104			Private Practice		Floation	Sum to Date	
						e. Election	3,791.00	
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	city, state, & zip)			Dentist			,	
Tim Tem	-							
	nnymeade Road			c. Employer's Name/S	pecific Field	_		
WS, NC	27103			Private Practice		William .	7 - N-4	
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WS, NC	h Marshall Street		,	c. Employer's Name/Sp		_		
W 3, INC .	2/101		ļ	Carroll Legget Pub	olic Relation	Floation	- 4- Data	
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e milen	Code		· · · · · · · · · · · · · · · · · · ·			\$	250.00	. .
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	of ALL CRO-	-1210 Pages Detailed Summary Page Cl	PA_1700			\$		

Amendment

Pg <u>3</u> of <u>16</u> Yes 🔀 No

Contr	ibutions fro	m Individuals		Pg	g <u>4</u> of	16	_	_
		lividual contributions					not used	
1. Comn	aittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
The Com	nmittee to Elect St	an Dean					5CQ2F3	
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	me, Mailing Address	& Phone		b. Job Title/Profession	<u> </u>	d. Commer	nts	
	e city, state, & zip) her Clifton			Attorney				
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WS, NC	•			c. Employer's Name/Sp Kilpatrick Stockton		1		
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641 Oakla	awn Avenue		1	c. Employer's Name/Sp	ecific Field	1		
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		lividual contributions of		0 or contributions und	er \$50 if form CR	O 1205 is n	ot used	
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	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ıts	
	e city, state, & zip)			Attorney				
William I	Blancato sushore Ct			c. Employer's Name/Sp	*# - T22_1	_		
WS, NC				John S. Clark Const		-		
Ψ, ω, ₋	2:12;			JUIII D. CIMIL COM.	писноп	e. Election	Sum to Date	
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WS, NC				c. Employer's Name/Spe Excalibur Direct Ma		4		
W 10, 110	2/104			Excanou Dioc.	an	e Election	Sum to Date	
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	city, state, & zip)		!	Instructor				
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WS, NC 2			,	c. Employer's Name/Spe Self Employed	cific Field	1		
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		lividual contributions of		0 or contributions und	er \$50 if form CR	.O 1205 is r	ot used	
1. Comm	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	The Litty
The Com	nmittee to Elect Sta	an Dean					5CQ2F3	
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	city, state, & zip)			Vice President	_			
Benjamin	n Carson dgemere Lane			c. Employer's Name/Sp	re- Eraly	4		
WS, NC 2				c. Employer's Name/Sp Hanesbrands	ecitic Fiera	4		
** w ₂ =	2/100			Hanosoaman		e. Election	Sum to Date	
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	ena Vista Road			c. Employer's Name/Spo	ecific Field	_		
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Pg 6 of 16 Yes X No

Contributions from Individuals

		m Individuals lividual contributions	over \$5		Pg 7 of under \$50 if form CR	RO 1205 is no	Amendment Yes not used	~
		(and Fund if applica						
The Com	nmittee to Elect Sta	an Dean					5CQ2F3	
	ributor Informatio			Add 🗌 F	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession	don	d. Comment		
	e city, state, & zip)			N/A				
Jean Ann	ne Semke rwood Forest Road	•		To the Manager		_		
WS, NC		1		e. Employer's Name	:/Specific Field	4		
W 0, 110	2/104					△ Flection (Sum to Date	
~ w	10.4		- [<u> </u>		\$	50.00	
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	city, state, & zip)			General Counsel		u, comme	13	
David Isa	aac							
	binhood Road			c. Employer's Name/	:/Specific Field	1		
WS, NC	27104			Inmar, Inc.		<u></u>		
						e. Election S	um to Date	
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	city, state, & zip)			Attorney				
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2849 Men WS, NC 2	rry Acres Lane 27106		!	c. Employer's Name/S Robinson & Law		4		
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The Com	nmittee to Elect Sta	an Dean					5CQ2F3	
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	e city, state, & zip)			Teacher				
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•	rning Tree Lane			c. Employer's Name/Sp		4		
WS, NC	27106			Forsyth County Sc	hools	- Flastian !	Sum to Date	
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	me, Mailing Address & : city, state, & zip)	& Phone		b. Job Title/Profession Attorney		d. Comments	iS	
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3713 Surr	rey Way Court			c. Employer's Name/Spe		1		
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							Amendmen	ıt.
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Use this	form to report indi	vidual contributions o	over \$50				ot used	
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The Com	mittee to Elect Sta	n Dean					5CQ2F3	
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a. Fuli Nai	me, Mailing Address &	& Phone		b. Job Title/Profession	<u>.</u>	d. Commen		
	city, state, & zip)			Attorney				
	her Oldham					_		
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Daniel M						_		
	awn Avenue			c. Employer's Name/S	pecific Field	1		
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	city, state, & zip)			Physician				
James M						_		
	lowmere Court			c. Employer's Name/S		-		
WS, NC	2/104			Rehabilitation Med	dical Center	e. Election S	um to Data	
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		m Individuals	over \$5	Por contributions un		/6 O 1205 is no	Amendment Yes of used	No
1. Committee Full Name (and Fund if applicable)							nber	
	mittee to Elect St						5CQ2F3	
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a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	 D	d. Commen	ts	
(include	city, state, & zip)			Banker				
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601 Arch				c. Employer's Name/S				
WS, NC	27106			First Citizens Ban	ık			<u>. </u>
						e. Election S	Sum to Date	
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	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	eity, state, & zip)			Financial Advisor	•			
John Fish						_		
WS, NC	nington Lane			c. Employer's Name/S	4			
ws, NC	2/100			UBS Wealth Man	e. Election Sum to Date			
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622 Arbo WS, NC				c. Employer's Name/S				
ws, nc	2/104			WF Baptist Medic	ai Center	e. Election S	um to Date	
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	mittee to Elect Sta	·	<i>ole)</i>			Z. ID Nun	5CQ2F3	<u> </u>
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	ibutor Informatione, Mailing Address &		<u> ناكارد</u>	b. Job Title/Profession	<u> </u>	d. Comment	•	
	ecity, state, & zip)	x I Hone		Banker		u. Comment		
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	rwick Road			c. Employer's Name/S	pecific Field			
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775,110	21104				o comopounds	e. Election S	um to Date	
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	city, state, & zip)			Attorney				
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	dwood Road			c. Employer's Name/S Hendrick & Bryan		-		
WS, NC	2/100			Hendrick & Diyan	IL LLF	e. Election S	um to Date	
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Amendment Contributions from Individuals

Pg /3 of /6

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

1. Committee Full Name (and Fund if applicable)							Z. 1D Number		
The Committee to Elect Stan Dean							5CQ2F3		
3. Contri	ibutor Informatio	on		Add 🔲 Re	emove			naka samili Ngang	
	ne, Mailing Address &	& Phone		b. Job Title/Profession	<u>a</u>	d. Comments	3		
	city, state, & zip)		!	Owner	,				
Douglas F			ļ	Nama/	~ •e 101_1.1	4		ļ	
2710 Cou WS, NC :	untry Club Road		!	c. Employer's Name/S Ski & Tennis Stat		1		ļ	
WS, NC .	2/104		!	SKI & I CHIHS STATE	ion ,	e. Election Su	um to Date		
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	city, state, & zip)		!	Physician	,			ļ	
Rick Ericl			. !	Nome/	* ** #W.4.#	1		ļ	
	rwick Road		,	c. Employer's Name/S Private Practice	pecific Field	1		!	
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	ne, Mailing Address &	& Phone	!	b. Job Title/Profession	<u> </u>	d. Comments	<u>;</u>		
	city, state, & zip)		!	Attorney	!				
Henry Bar	arnhil, Jr. binhood Road		!	c. Employer's Name/S	Procific Field	1		!	
WS, NC :			ļ	Womble Carlyle S	*	1		ļ	
₩ O, 110 .	2,100		!	Rice	· Minner	e. Election Su	um to Date		
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	ne, Mailing Address & city, state, & zip)	¿ Phone		b. Job Title/Profession Physician		d. Comments	<u>s</u>	
	G. Blackard			Filysician	!			ļ
	nsington Road			c. Employer's Name/Spe	ecific Field			ļ
WS, NC	27106			Private Practice				
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	city, state, & zip)			Campaign Manager	<i>:</i>			
Tara Orris 810 W 4 th				c. Employer's Name/Spe	ecific Field	1		-
	Salem, NC 27101	r		Self Employed	CHIL FIGH			
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(Incluse)	my, state, w mp,				1	1		
i I			ļ	c. Employer's Name/Spe	ecific Field	1		!
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1. Comm	ittee Full Name	and Fund if applica	ble)			2. ID Nur	nber	
The Com	mittee to Elect Sta	an Dean					5CQ2F3	
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	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Vice President				
Charles E		· al		c. Employer's Name/S	nacific Field	-		
WS, NC	okberry Farm Roa 27106	10		New Atlantic Con		1		
175, 110	27100					e. Election S	Sum to Date	**
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	city, state, & zip)			Attorney				
Richard (4		
325 Fairf				c. Employer's Name/S Kilpatrick & Stock	-			
WS, NC	2/104			Kilpatrick & Stoc	e. Election Sum to Date			
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2616 For WS, NC				c. Employer's Name/S	pecinc Fiesu	1		
W5, NC	27104					e. Election S	Sum to Date	
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The Com	nmittee to Elect Sta	an Dean					5CQ2F3	
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James Wa	city, state, & zip)			Attorney				
3812 Rya				c. Employer's Name/Sp	ecific Field	1		
WS, NC				Wall, Esleek & Bal		<u> </u>		
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Contributions to be Keimbursed		Pg	l of	1 Yes XI No			
Use this form to report Contributions of \$1,000 or less to be		•					
Reimbursements must be disclosed on the Refunds/Reimbur. 1. Committee Full Name	sement	s Form (CRO-1320)		TIN NY N			
The Committee to Elect Stan Dean	<u></u>		<u> </u>	D Number 5CQ2F3			
3. Contributor Information		Add 🔲	Remove				
Full Name & Mailing Address of the Payee	<u> </u>		iling Address of the	Roimhurcae			
(the original vendor)			om the campaign o				
Tara Orris		Tara Orris		·			
810 W 4th Street		810 W 4th Stre	et				
Winston Salem, NC 27101		Winston Salem	NC 27101				
a. Contribution Description	b. Da	te (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
Fund Raiser Hall Rental	10/	5/10	N	\$ 300.00			
	10/	3/10	IN	\$ 300.00			
3. Contributor Information		Add 🔲	Remove				
Full Name & Mailing Address of the Payee			iling Address of the				
(the original vendor)			om the campaign c	heck is written)			
Tara Orris		Tara Orris					
810 W 4th Street		810 W 4th Street					
Winston Salem, NC 27101		Winston Salem, NC 27101					
]					
a. Contribution Description	h. Da	l te (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
Fund Raiser Supplies	1		c. credit card 1/1	u. Amount			
Tana Kaiber Supplies	10/:	5/10	N	\$ 84.76			
3. Contributor Information		Add 🔲 1	Remove				
Full Name & Mailing Address of the Payee			iling Address of the				
(the original vendor)		(the person to wh	om the campaign c	heck is written)			
a. Contribution Description	b. Dat	e (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
				\$			
2.0-13-1-1-1-1	<u> </u>						
3. Contributor Information			Remove				
Full Name & Mailing Address of the Payee (the original vendor)			ling Address of the om the campaign c				
(the original ventor)		(the person to wh	om the campaign c	neck is written)			
Cont. Th. Con. No. 1 of							
a. Contribution Description	b. Dat	e (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
				\$			
4. Total only this Page		and the Administration of the Administration	\$	384.76			
5. Total of ALL CRO-1215 Pages			Ψ,	JU1.70			
or i star of Alice Civer 1213 Fages			\$	384.76			

(This line goes in line 28 of Detailed Summary Page CRO-1100)

Disbursem	ents				Amendment
		s from the committ	Pg ee for; operating expenses	of	Z ☐ Yes ☒ No
committees and	coordinated party e	xpenditures.	cc for, operating expenses	, continuations to	candidate/pontical
	Fuli Name (and Fu		Alakari ili kalendiri		2. ID Number
	to Elect Stan Dean			and the state of t	5CQ2F3
		ase use senarate C	RO-1310 forms for each	tone of Dishursen	
Operating 1			ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform	nation		Add []	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	-				
Wooten Graph]
Drawer 819			c. Level Registered (Specify)		-
Welcome, NC	27374		Federal	County:	1
800-438-4710			State	Municipality:	e. Election Sum to Date
					A 0.176.55
					\$ 2,176.55
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SPD1	Check	В	9/7/10	\$2,176.55	Signs
				\$	
4. Payee Inform	ation		Add \	Remove	
	ing Address & Phone	البيعا المالية	b. Coordinated Committee N		d. Comments
(include city, state,	_		- State of the sta	······	u. Comments
Sir Speedy	<u></u>				
1011 Burke Str	eet		c. Level Registered (Specify)		-
Winston Salem	NC 27101		Federal	County:	-
336-722-4109			State	Municipality:	e. Election Sum to Date
					\$ 230.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SPD1	Check	В	0/10/10	\$70.55	Business Cards
*****	Clicck	. Б	9/10/10	\$78.55	N. C. I. I
SPD1	Check	В	9/21/10	\$151.60	Note Cards and Envelopes
4. Payee Inform	ation		Add 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Weston Promot		ļ			
631 N. Trade St			c. Level Registered (Specify)	<u> </u>	
Winston Salem,	NC 27101		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 237.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SPD1	Check	В	10/13/10	\$237.70	Stickers
				\$	
5. Total only thi	s Page			· · · · · · · · · · · · · · · · · · ·	\$ 2,644.40
	CRO-1310 Pages				2,017.70
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		d
			if Contrib to Candidates/Politic		\$ 6,659.68
			if Coordinated Party Expenditu	res)	
	s (List detailed exp				
A* - Media	B* - Printing	C* - Fundi		D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office			Public Office Expenses
O* - Other	0 - 1 cualties	w Allice	- realicuses	Q" - Donation	n to Legal Expense Fund
	detailed explanati	on in reassired rea	marks field (k)		

Disbursements Pg 7

Amendment Yes

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

1. Committee Full Name (and Fund if applicable) 2. ID Number The Committee to Elect Stan Dean 5CQ2F3 (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Tara Orris 810 W 4th Street c. Level Registered (Specify) Winston Salem, NC 27101 Federal County: State Municipality: e. Election Sum to Date \$ 4,000.00 g. Form of Payment h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Campaign Mgr SPD1 Check Ε 7/12/10 \$2,000.00 Fee Campaign Mgr SPD1 Check Ε 8/6/10 \$2,000.00 Fee 4. Pavee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Paypal Account c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date 15.28 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Paypal Charges C 3rd O \$15.28 for Donations \$ 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$ 5. Total only this Page 4,015.28 \$ 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

		indursements, including contributi		nuor.	, ,
		und if applicable)			2. ID Number
The Committee to Elect S		5CQ2F3			
2: Danie Turfiani idea	Normal Report 18 April			Carrie Service Control	
3. Payee Informatio			Add Remove		
a. Full Name, Mailing A		;	d. Type of Committee		h. Original Receipt Date
(include city, state, & :	zip)		Candidate	PAC	10/5/10
Tara Orris 810 W 4 th Street			Referendum L	Party	1011100000
Winston Salem, NC 2710	31		e. Level Registered (Specif		i. Original Receipt Amount
Whiston Salom, NC 2710	'1	•	State	County: Municipality:	\$ 384.76
			f. Purpose Code	тиногрансу.	j. Election Sum to Date
			P		
					\$ 384.76
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	· ::	k. Account Code
Campaign Manager		Self Employed			SPD1
l. Form of Payment	m. Required F			n. Date (mm/dd/yy)	yy) o. Amount
Check		nt for in kind contribution	, , ,	10/12//10	\$ 384.76
2 Daniel Tufoundate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and supply expenses	· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. Payee Informatio		<u></u>	Add Remove		
a. Full Name, Mailing Ad			d. Type of Committee		h. Original Receipt Date
(include city, state, & 2	ap)		Candidate Deformation	PAC	
			Referendum L	Party	· Onininal Descript Amount
			e. Level Registered (Specify Federal	County:	i. Original Receipt Amount
			State	Municipality:	\$
			f. Purpose Code	winterparty.	j. Election Sum to Date
			It at an poor to the		<u></u>
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
		<u> </u>			
l. Form of Payment	m. Required R	demarks		n. Date (mm/dd/yyy	yy) o. Amount
					\$
2 Davis Informatio			11 ["] Damassa	L	
3. Payee Information			dd Remove		
a. Full Name, Mailing Ad (include city, state, & z			d. Type of Committee	- N.O.	h. Original Receipt Date
(include thy, state, & 2	<u> 19) </u>		Candidate Referendum	PAC	
			e. Level Registered (Specify	Party	: Original Descint Amount
			Federal Federal	County:	i. Original Receipt Amount
			State	Municipality:	\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
				<u></u>	<u></u>
I. Form of Payment	m. Required R	temarks		n. Date (mm/dd/yyy	y) o. Amount
	 -				\$
4 Total only this Do	ZE a Toley a A			Landard Commence	
4. Total only this Pag		5.00 20 00 00 00 00 00 00 00 00 00 00 00 0			\$ 384.76
L - Returned to Contribu		S (This line must be on line 16 of Detailed M - Overpayment for Service		Towards and the state of the st	\$ 384.76
P* - Reimbursement of		O* Other		Contribution Limit	
		required remarks field (m)		The second of the second	Markett Control of the Control of the

Refunds/Reimbursements From the Committee

Amendment

No No

of <u>1</u> Yes