Amendment **Disclosure Report Cover** No Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information 1. Committee Information a. Full Name c. ID Number The Committee to Elect Stan Dean 5CQ2F3 b. Mailing Address (include City, State and Zip Code) d. Date Filed 215 N Pine Valley Road 1/30/10 30Winston Salem, NC 27104 e. Phone Number 336-409-0784 4 Remodification Treasurer Kull Name Russell G. Towner 2010 10/17/10 12/31/10 pe of Committee (Check One) 9. Type of Report (check anty one type of repolitirom one category) Candidate Campaign Municipal State/County Party Referendum PAC Referendum Organizational Organizational Organizational Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund pe of Fund (see (napplicable checkone) --Pre-primary First "Booster Fund" Pre-election Supplemental Final Second **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual Year End Other: 10. Special Report Name Mid Year Final Year End 8. Number of Eundraisers this Report Special **Final** Special 41. Account Information 41. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Sun Trust Bank b. Purpose c. Account Code b. Purpose c. Account Code All Campaign SPD1 **Funds** d. Period Begin Balance d. Period Hegin Balanc 4,510.80 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the MC State Board of Elections. Russell G. Towner Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered **Electronically Filed** Date Scanned: Employee: Signer has not received mandatory training

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

Employee:

Date Data Entered:

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

Detailed Summary

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

Amendment Yes

No No

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	me, Mailing Address &	: Phone		b. Job Title/Profession		d. Comments		
(include Frank Sal	city, state, & zip)			NA	1	I		
	uzoniu d Parkway Apt 2		ŀ	c. Employer's Name/Spec	wific Rield	I		-
	City, MO 64112			to strange of an -	Part A AVA	ı		
	• .				Ţ	e. Election Su	m to Date	
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la.Com	mittee kull Namt	z(and founds it applie	able)			2 10 Ni	imber	
The Co	mmittee to Elect S	tan Dean					5CQ2F3	
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	le city, state, & zip)			MD				· · · · · · · · · · · · · · · · · · ·
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Amy Ricl 3249 Pad	a dington Ln			c. Employer's Name/Spe	erific Field			
	Salem, NC 27106		ŀ	Doughton & Hart	AMC PAN			·
			İ	•		e. Election S	um to Date	
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Amendment

Cont	tributions fr	om Individuals			Pg 6 o	f 7	Amendme	
		dividual contributions		0 or contributions				<u> </u>
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The Co	mmittee to Elect S	Stan Dean					5CQ2F3	
3.Con	iglauo edato ene	iion assault sa sa		s:Add [E]	Remove	. 1		
	ame, Mailing Addres	s & Phone		b. Job Title/Profess	ion	d. Comme	nts	
(included)	de city, state, & zip)	en en en en en en en en en en en en en e	4.57.5	Director				
	artram Road			c. Employer's Nam	e/Specific Field	-		
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		•				e. Election	Sum to Date	
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	e city, state, & zip)		<u> </u>	Campaign Mana	ger			
Tara On	ris 4 th Street			c. Employer's Name	Cassica Field	-		
	-Salem, NC 2710	1		Self Employed	Specific Field	-		
	·			1 .3		e. Election	Sum to Date	
						\$	756.46	
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	ne, Mailing Address d	& Phone		b. Job Title/Professio	n.	d. Comment	S	1 -30-30-00-00-00-00-00-00-00-00-00-00-00-
(include Rick Tose	city, state, & zip)			Builder				
	vick Drive		}	c. Employer's Name/S	Specific Rield			
	NC 27006		<u> </u>	Sonoma Building				1
				_		e. Election S	um to Date	
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Amendment

Cont	ributions fro	om Individuals				_	Amendu	nent Yes 🔯 N
		dividual contributions	over \$4		Pg <u> </u>			res 🖂 r
Principle of the second	personal designation of the second second second second second second second second second second second second	(and Fund if applic	and the second	O VI CONTIDUCTION			Number	
The Co	mmittee to Elect S	tan Dean					5CQ2F	3
3 Con	relitutore latorenet	100	II.	Add [1] 3	(ешо у е			
	ame, Mailing Address	& Phone		b. Job Title/Professi	on	d. Com	iments	
	le city, state, & zip)			NA				
Robi B								
	iver Chase Rd n-Salem, NC 2710			c. Employer's Name	Specific Field			
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(includ	e city, state, & zip)			MD				
Kent Na								
1	rtram Road			c. Employer's Name/		_	•	
Winston	-Salem, NC 2710	6		Allergy Partners	of Piedmont	o Flori	ion Sum to Date	• • • • • • • • • • • • • • • • • • • •
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	city, state, & zip)			Attorney		·		
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4. Total only this Page

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7,200.00

\$

\$

Contributions from Political Party Committees

				Amei			
Pg	1	of	<u>1</u>		Yes	\boxtimes	No

Use this form to report contributions from a political party

	nisNamezands contr	(applicable)		240	Ajumber
The Committee	to Elect Stan Dean				5CQ2F3
3. Contrabutors. a. Full Name, Mailin (include city, state	ng Address & Phone	Ele sida e 🔳	Remove	b. Co	mments
Ted Kaplan for					
				• Flo	ction Sum to Date
				\$	950.00
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E.Anialkonly th	is Page			\$	950.00
	CR0-D20 Page			\$	950.00

Amendment Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. L Committee buil Name (and a under applicable) The Committee to Elect Stan Dean 5CQ2F3 3: Type of Disbursement (Please use separate CRO-1810 forms for each type of Disbursement) Contributions to Candidates/Political Committees **Operating Expenses** Coordinated Party Expenditures 4. Payee information Add Remove se b. Coordinated Committee Name a. Full Name, Mailing Address & Phone 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 8,000.00 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Campaign Mgr SPD1 Check Ε 11/10/10 \$2,000.00 SPD1 Check \mathbf{E} 11/1/10 \$2,000.00 4. Payee information: Remove 19 a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Paypal Account c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date 18.90 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Paypal Charges SPD1 4th () Draft \mathbf{C} \$18.90 for Donations \$ 4 Payce Information Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Excalibur Enterprises, Inc. PO Box 7372 c. Level Registered (Specify) Winston Salem, NC 27109 Federal County: State e. Election Sum to Date Municipality: \$ 10,230 f. Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount Direct Mail SPD1 Check B/I10/22/10 \$8,530 Print/Postage Direct Mail SPD1 Check B/I 12/28/10 \$1,700 Print/Postage 5. Total only this Page 14,248.90 6. Total of ALL CRO-1310 Pages . (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 14,913.79 (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 Godes (fast detailed expendifure code in (h.) aboye) C* - Fundraising A* - Media B* - Printing D - To Another Candidate E - Salaries

J - Penalties

F* - Equipment

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* - Other

I - Postage

* Codes require detailed explanation in required remarks field (L)

Disbursen			Pg	<u>2</u> of	
			ee for; operating expenses,	, contributions to	candidate/political
t Committee	d coordinated party e Gull Name (and 1741) e to Elect Stan Dean	AT HE SECOND SEC			2.9D Number 5CQ2F3
			R o Sestokomistokkida	การกะไปสกกรร	THE COURT OF STREET, CONTRACTOR OF STREET, C
Operating		Contributions to Can	didates/Political Committees	C	oordinated Party Expenditures
ak kavas mor	nata des ancia se aprende de para en la distribució de designació de	F1	Add - September 1984	· Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state					
City of Winsto	n Salem		V 170 14 760 160		<u> </u>
PO Box 2756 Winston Salem	NC 27102		c. Level Registered (Specify) Federal	County:	-
winston Satem	i, NC 2/102		State	Municipality:	e. Election Sum to Date
					\$ 150.00
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	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
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f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

\$

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6 Total of All_CRO-1310 Pages {

(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 Godes (List defailed expenditure code in the above)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

I - Postage O* - Other

*Codes require detailed explanation in required remarks field (k)

INCOMES TO A STREET AND A STREE	CREMITATION OF A SHORT AND AND AND AND ADDRESS OF A PROPERTY OF A PARTY OF A	moursements, including contribut	ions returned to the count	vului.		
1. Committee kul	The state of the s	and if applicable)			2,	ID Number
The Committee to Elec	t Stan Dean				5C	Q2F3
					and all the contract of the co	
Selenyee Into min			Add Remove		4.19	
a. Full Name, Mailing	Address & Phone	•	d. Type of Committee		h. (Original Receipt Date
(include city, state,	& zip)		☐ Candidate ☐	PAC		10/5/10
Tara Orris			, Referendum	Party		
810 W 4th Street			e. Level Registered (Speci	(y)	i. €	riginal Receipt Amount
Winston Salem, NC 27	101		Federal	County:	\$	371.70
			State	Municipality:	<u> </u>	571.70
ļ			f. Purpose Code		j. E	Lection Sum to Date
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b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
Campaign Manager		Self Employed	1		SPI	D1
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& PayeeInformati	A CONTRACTOR OF THE PROPERTY O	er er er u.S. LU A	dd All Skemove			
a. Full Name, Mailing A			d. Type of Committee		h. (Original Receipt Date
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						\$
4. Total only this Pa					\$	371.70
		(This line must be on fine 16 of Detailed)	Summary Page CRO-1100)		\$	371.70
L - Returned to Contribu	itor	M - Overpayment for Service		ontribution Limit		
P* - Reimbursement of	In-Kind	O* Other			S007 P0040	

Refunds/Reimbursements From the Committee

Amendment

 \boxtimes

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	oods o	r serv n 7 da	ices provided to t	he con	amittee or fund.		
The Committee to Elect Stan Dean				(2)(1	D.Number 5CQ2F3		
		*****			30Q2I3		
3 Contributor Information Add Add a. Full Name, Mailing Address & Phone	Rembi	400	Contributor	c. Co	omments		
(include city, state, & zip)	Ø	Ind	ividual				
Tara Orris 810 West 4 th Street		Car Par	ndidate tv				
Winston Salem, NC 27101		PAC					
			erendum er Receipt Source		ection Sum to Date		
				\$	756.46		
e. Description Mailing Supplies			f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
wannig supplies			11/2/10		\$ 371.70		
					\$		
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	Kernov	STATE OF THE PARTY.					
a. Full Name, Mailing Address & Phone	b. Ty		Contributor	c. Co	mments		
(include city, state, & zip)	 		vidual didata				
	Candida Party PAC Reference Other Re			İ			
			•				
				d. Ele	ection Sum to Date		
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		- :			\$		
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	emoye	224 300					
a. Full Name, Mailing Address & Phone	b. Typ		ontributor	c. Cor	nments		
(include city, state, & zip)	片		ridual lidate				
		Party					
		PAC			<u> </u>		
		Referendum Other Receipt Source		d. Election Sum to Date			
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					\$		
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					\$		
4 Total only this Page				\$	371.70		
5 Total of ALL CRO 1510 Pages				\$	371.70		

Pg

In-Kind Contributions

Amendment

Yes

Amendment

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เก	ntrinu	nons	to n	e Keim	bursed

Pø	1	of	1		Yes	\boxtimes	Ne
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Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

l Committee Full Name			- 2	IDNumber			
The Committee to Elect Stan Dean		5CQ2F3					
		Add [E]	Remoye				
Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)						
Tara Orris		Tara Orris	ruom ene campaign	CHECK IS WITHCH)			
810 W 4th Street	•	810 W 4th Str	reet				
Winston Salem, NC 27101		1					
Wallion Building 100 27101		Winston Salem, NC 27101					
a. Contribution Description	b. Dat	te (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
Mailing Supplies	11/2	2/10	Y	\$ 371.70			
		Control of the contro					
3 Contributor Litorination	LI.	THE PROPERTY OF THE PARTY OF TH	Remove				
Full Name & Mailing Address of the Payee (the original vendor)		7	ailing Address of the				
(the original vention)		(the person to w	hom the campaign	neck is written)			
a. Contribution Description	h Dat	e (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
a. Countration Description	U. Dat	е (шиламууу)	C. Cleun Caru 1711				
		·		\$			
3: Contributor Information		Add Ellis	Remove				
Full Name & Mailing Address of the Payee		Full Name & Mailing Address of the Reimbursee					
(the original vendor)	(the person to whom the campaign check is written)						
	- [
				T			
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount			
*				\$			
3. Contributor Information		Aiti Ti	Remove				
Full Name & Mailing Address of the Payee	STATE OF THE PARTY	me & Mailing Address of the Reimbursee					
(the original vendor)	(the person to whom the campaign check is written)						
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