

# COPY

## Disclosure Report Cover

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

FORSYTH COUNTY  
BOARD OF ELECTIONS

Amendment

☐ Yes ☒ No

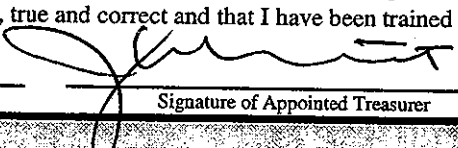
|  |  |  |  |
|--|--|--|--|
| <b>1. Committee Information</b>  |  | 2010 JUL -9 PM 3:10                    |  |
| a. Full Name<br><b>Kaplan for Commissioner</b>   |  | c. ID Number<br><b>N1YXIE</b>          |  |
| b. Mailing Address (include City, State and Zip Code)<br><b>P.O. Box 10<br/>Bethania, NC 27010</b> |  | d. Date Filed<br><b>7-9-2010</b>       |  |
|  |  | e. Phone Number<br><b>336 922-4000</b> |  |

|   |  |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|---|--|---|--|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|--|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| 2. Report Year<br><b>2010</b>   | 3. Period Start Date (mm/dd/yy)<br><b>04-17-2010</b> | 4. Period End Date (mm/dd/yy)<br><b>06-30-2010</b>  | 5. Treasurer Full Name<br><b>James W. Armentrout</b> |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 6. Type of Committee (Check One)<br><input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Legal Expense Fund   |  | 9. Type of Report (Check only one type of report from one category)<br><table border="1"><tr><td>Municipal</td><td>State/County</td><td>Referendum</td></tr><tr><td><input type="checkbox"/> Organizational</td><td><input type="checkbox"/> Organizational</td><td><input type="checkbox"/> Organizational</td></tr><tr><td><input type="checkbox"/> Thirty-five day</td><td><input type="checkbox"/> Quarterly</td><td><input type="checkbox"/> Pre-referendum</td></tr><tr><td><input type="checkbox"/> Pre-primary</td><td><input type="checkbox"/> First</td><td><input type="checkbox"/> Final</td></tr><tr><td><input type="checkbox"/> Pre-election</td><td><input checked="" type="checkbox"/> Second</td><td><input type="checkbox"/> Supplemental Final</td></tr><tr><td><input type="checkbox"/> Pre-runoff</td><td><input type="checkbox"/> Third</td><td><input type="checkbox"/> Annual</td></tr><tr><td><input type="checkbox"/> Semi-annual</td><td><input type="checkbox"/> Fourth</td><td><input type="checkbox"/> Special</td></tr><tr><td><input type="checkbox"/> Mid Year</td><td><input type="checkbox"/> Semi-annual</td><td></td></tr><tr><td><input type="checkbox"/> Year End</td><td><input type="checkbox"/> Mid Year</td><td></td></tr><tr><td><input type="checkbox"/> Final</td><td><input type="checkbox"/> Year End</td><td></td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Final</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Special</td><td></td></tr></table> |  | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input checked="" type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal   | State/County   | Referendum  |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational              | <input type="checkbox"/> Organizational   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly                   | <input type="checkbox"/> Pre-referendum   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First                       | <input type="checkbox"/> Final  |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input checked="" type="checkbox"/> Second           | <input type="checkbox"/> Supplemental Final   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third                       | <input type="checkbox"/> Annual   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth                      | <input type="checkbox"/> Special  |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual                 |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year                    |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Year End                    |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final                       |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <input type="checkbox"/> Special                     |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 7. Type of Fund (if applicable, check one)<br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> NC Political Party Financing Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other: |  | 10. Special Report Name   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report  |  |   |  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |

|   |                                |
|---|--------------------------------|
| <b>11. Account Information</b>  |                                |
| a. Financial Institution Full Name<br><b>Branch Banking and Trust Company</b> |                                |
| b. Purpose<br><b>candidate receipts/expenditures</b>                          | c. Account Code<br><b>1001</b> |
|   | d. Period Begin Balance<br>\$  |

**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 undisclosed 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

|  |  |                         |
|--|--|-------------------------|
| <u>James W. Armentrout</u><br>Printed Name of Signer | <br>Signature of Appointed Treasurer | <u>7-9-2010</u><br>Date |
|--|--|-------------------------|

|                            |               |   |                    |
|----------------------------|---------------|---|--------------------|
| <b>FOR OFFICE USE ONLY</b> |               |   |                    |
| Date Received:             | <u>7/9/10</u> | Employee:   | <u>Judy Spears</u> |
| Date Postmarked:           |               | Employee:   |                    |
| Date Scanned:              |               | Employee:   |                    |
| Date Data Entered:         |               | Employee:   |                    |
|                            |               | Delivery Method:<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |                    |
|                            |               | <input type="checkbox"/> Signer has not received mandatory training   |                    |

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

|  |  |                             |  |                           |  |
|--|--|-----------------------------|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                              |  | 2. Type of Report           |  | 3. ID Number              |  |
| Kaplan for Commissioner  |  | 2nd Quarter                 |  | N1TXIE                    |  |
| Start of Election Cycle: January 1, 2007                                     |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start   |  | \$61.27                     |  | \$ 985.94                 |  |
| <b>RECEIPTS</b>  |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                          |  | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$                          |  | \$ 191.00                 |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                          |  | \$                        |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$                          |  | \$ 2,000.00               |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$                          |  | \$ 19,600.00              |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$                          |  | \$                        |  |
| 11) Other Receipt Sources  |  |                             |  |                           |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$                          |  | \$                        |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$                          |  | \$                        |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$                          |  | \$                        |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$                          |  | \$                        |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)      |  | \$ 0.00                     |  | \$ 21,791.00              |  |
| <b>EXPENDITURES</b>  |  |                             |  |                           |  |
| 13) Disbursements  |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 15.00                    |  | \$18,944.67               |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                          |  | \$                        |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                          |  | \$ 3,600.00               |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$                          |  | \$                        |  |
| 15) Loan Repayments (CRO-1420)   |  | \$                          |  | \$                        |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$                          |  | \$                        |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$                          |  | \$ 191.00                 |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 15.00                    |  | \$ 22,735.67              |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 46.27                    |  | \$ 46.27                  |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                             |  |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$                          |  |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 19,600.00                |  |                           |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$                          |  |                           |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$                          |  |                           |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$                          |  |                           |  |
| 25) Administrative Support (CRO-1710)  |  | \$                          |  | \$                        |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$                          |  | \$                        |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$                          |  | \$                        |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$                          |  | \$                        |  |

CRO-1100

NC State Board of Elections

December 2007

# Disbursements

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

Pg 1 of 1

Amendment

☐ Yes ☒ No

|  |                    |                 |                      |   |                     |                                     |  |
|--|--------------------|-----------------|----------------------|---|---------------------|-------------------------------------|--|
| 1. Committee Full Name (and, if applicable)  |                    |                 |                      |   |                     | 2. ID Number                        |  |
| Kaplan for Commissioner  |                    |                 |                      |   |                     | NITXIE                              |  |
| 3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement.)  |                    |                 |                      |   |                     |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |   |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
| Branch Banking and Trust Company<br>Robinhood Road<br>Winston-Salem, NC 27106  |                    |                 |                      |   |                     | monthly fees                        |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |   |                     | \$ 5.00                             |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
| 1001   | deduct             | 0               | 4/5/6-2010           | \$15.00   | auto deduct         |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
|  |                    |                 |                      |   |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |   |                     | \$                                  |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |   |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name   |                     | d. Comments                         |  |
|  |                    |                 |                      |   |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)   |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |   |                     | \$                                  |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount   | k. Required Remarks |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
|  |                    |                 |                      | \$  |                     |                                     |  |
| 5. Total only this page  |                    |                 |                      |   |                     | \$ 15.00                            |  |
| 6. Total of ALL CRO-1100 pages   |                    |                 |                      |   |                     | 15.00                               |  |
| (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 (k) 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)   |                    |                 |                      |   |                     |                                     |  |

CRO-1310

NC State Board of Elections

December 2009

...received during a previous reporting period and until the loan is paid in full.

| Committee Full Name (and Fund if applicable)                         |                     |   |                           | ID Number                  |
|--|---------------------|---|---------------------------|----------------------------|
| Kaplan for Commissioner  |                     |   |                           | NIYXIE                     |
| <b>Lender Information</b>  |                     |   |                           |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state & zip) |                     | b. Job Title/Profession                       | c. Remove                 | d. Comments                |
| Ted Kaplan<br>1117 Glousman Road<br>W-S, NC 27104                    |                     | Candidate/investor/<br>Kaplan School Supply   |                           | loaned to his comm.        |
|  |                     | e. Employee Name/Specific Field               |                           | f. Start Date (mm/dd/yyyy) |
|  |                     | Kaplan School Supply<br>childrens play equip. |                           | 09-13-2007                 |
|  |                     |   |                           | g. End Date (mm/dd/yyyy)   |
|  |                     |   |                           | unknown                    |
| g. Rate  | h. Security Pledged | i. Original Loan Amount                       | j. Remaining Loan Balance |                            |
| 0 %  | none                | \$ 18,000.00                                  | \$ 18,000.00              |                            |
| k. Full Name of Lending Institution                                  |                     |   |                           | l. Loan Number             |
| n/a  |                     |   |                           | n/a                        |
| <b>Lender Information</b>  |                     |   |                           |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state & zip) |                     | b. Job Title/Profession                       | c. Remove                 | d. Comments                |
| Ted Kaplan<br>1117 Glousman Road<br>W-S, NC 27104                    |                     | Candidate/investor/<br>Kaplan School Supply   |                           | loaned to his comm.        |
|  |                     | e. Employee Name/Specific Field               |                           | f. Start Date (mm/dd/yyyy) |
|  |                     | Kaplan School Supply<br>childrens play equip. |                           | 02-10-2009                 |
|  |                     |   |                           | g. End Date (mm/dd/yyyy)   |
|  |                     |   |                           | unknown                    |
| g. Rate  | h. Security Pledged | i. Original Loan Amount                       | j. Remaining Loan Balance |                            |
| 0 %  | none                | \$ 1,600.00                                   | \$ 1,600.00               |                            |
| k. Full Name of Lending Institution                                  |                     |   |                           | l. Loan Number             |
| n/a  |                     |   |                           | n/a                        |
| <b>Lender Information</b>  |                     |   |                           |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state & zip) |                     | b. Job Title/Profession                       | c. Remove                 | d. Comments                |
|  |                     |   |                           |                            |
|  |                     | e. Employee Name/Specific Field               |                           | f. Start Date (mm/dd/yyyy) |
|  |                     |   |                           | g. End Date (mm/dd/yyyy)   |
|  |                     |   |                           |                            |
| g. Rate  | h. Security Pledged | i. Original Loan Amount                       | j. Remaining Loan Balance |                            |
| %  |                     | \$  | \$                        |                            |
| k. Full Name of Lending Institution                                  |                     |   |                           | l. Loan Number             |
|  |                     |   |                           |                            |
| m. To Administrative Fund  |                     |   |                           | \$ XXXXXXXX 19,600         |
| n. To Political Action Fund  |                     |   |                           | \$ XXXXXXXX 19,600         |
| o. Total Outstanding   |                     |   |                           | \$ XXXXXXXX 19,600         |

CRO-1430

NC State Board of Elections

December 2007