.

Disclosure Report Cover

Amendment

 $\boxtimes$ 

No

1. Committee Informatio				c. ID Number
Nan L. Holland for Coun	cil			7CQS7J
b. Mailing Address (include C 100 Saxby Court Clemmons, NC 27012	ity, State and Zip Code)			d. Date Filed 01/04/12 e. Phone Number: 336-917-2573
2. Report Year 3. Pe	eriod.Start Date (mm/dd/y	4. Period End I (mm/dd/vy)		
2011	10/25/11	12/27/11	Ieffery L. Card	well
6. Iype of Committee (C         Candidate Campaign         PAC         Independent         Expenditure         Legal Expense Fund         7. Type of Fund         "Booster Fund"         Building Fund         Other:         8. Number of Fundraisen	Party Referendum Joint Fundraiser	Junicipal         Organizational         Thirty-five day         Pre-primary         Pre-election         Pre-runoff         Semi-annual         Mid Year         Year End	Check only one type of report         State/County         Organizational         Quarterly         First         Second         Third         Fourth         Semi-annual         Mid Year         Year End         Final	Image: state stat
0			Special	
11. Account Information a. Financial Institution Full Na	ıme	Contraction of the second s	Account Information	
11: Account Information a. Financial Institution Full Na Allegacy Federal Credit U	ıme	a. Fl	Account Information	c. Account Code
11. Account Information a. Financial Institution Full Na	ime Jnion c. Account Code NAH	a. Fl	Account Information	c. Account Code.
11: Account Information         a. Financial Institution Full Na         Allegacy Federal Credit U         b. Purpose         Campaign Fun         CERTIFICATION         I certify that the Committee         the NC General Statutes and is complete, true and correct         Jeffery L. Cardway	Inion C. Account Code NAH d. Period Begin Balance \$ 725.67 Ee or Fund is in compliance nd that no funds are commu- ect and that I have been tra- ell	a. Fi	Account Information nancial Institution Full Name rpose rovisions of Article 22A, 22 I or other non-disclosed fund Board of Elections.	A Period Begin Balance A Period Begin Balance S B, & 22D-22M of Chapter 163 of ds. I further certify that this report 14/12
11: Account Information         a. Financial Institution Full Na         Allegacy Federal Credit U         b. Purpose         Campaign Fun         CERTIFICATION         I certify that the Committee         the NC General Statutes and is complete, true and correct         Jeffery L. Cardway	Inne Jnion c. Account Code NAH d. Period Begin Balance \$ 725.67 ee or Fund is in compliance nd that no funds are commet and that I have been trained	a. Fi	Account Information nancial Institution Full Name repose rovisions of Article 22A, 22 l or other non-disclosed fund	B, & 22D-22M of Chapter 163 of 1 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1
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11: Account Information         a. Financial Institution Full Na         Allegacy Federal Credit U         b. Purpose         Campaign Fun         Certify that the Committee         the NC General Statutes and is complete, true and correct Jeffery L. Cardword         Print         FOR OFFICE USE ONLY         Date Received:         Date Postmarked:         Date Data Entered:         Date Data Entered:	Imme       Jnion         c. Account Code       NAH         d. Period Begin Balance       NAH         d. Period Begin Balance       \$ 725.67         se or Fund is in compliance       nd that no funds are commented and that no funds are commented and that I have been travell         Inted Name of Signer $\sqrt{4/i Z_{-}}$ n cannot be used to amend $\sqrt{4/i Z_{-}}$	a. Fi	Account Information nancial Institution Full Name repose rovisions of Article 22A, 22 tor other non-disclosed fund of Appointed Treasurer Judy Spears Tudy Spears on such as the committee add	d. Period Begin Balance         s </td
11: Account Information         a. Financial Institution Full Na         Allegacy Federal Credit U         b. Purpose         Campaign Fun         Certify Exercise Comparison Fun         Certify that the Committee the NC General Statutes and so correction of the NC General Statutes and is complete, true and correction of the NC General Statutes and so complete, true and correction of the NC General Statutes and so complete, true and correction of the NC General Statutes and so complete, true and correction of the NC General Statutes and so complete, true and correction of the NC General Statutes and so complete, true and correction of the NC General Statutes and correction of the NC General S	Ime       Jnion         c. Account Code       NAH         d. Period Begin Balance       NAH         d. Period Begin Balance       \$ 725.67         ee or Fund is in compliance       n compliance         m cannot be used to ameno       custodian custod	a. Fi	Account Information nancial Institution Full Name repose rovisions of Article 22A, 22 l or other non-disclosed fund of Appointed Treasurer Tudy Spears of Appointed Treasurer Tudy Spears on such as the committee address and the	d. Period Begin Balance     s     d. Period Begin Balance     d. Period

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

Amendment Yes  $\boxtimes$ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report Final		3. ID Number 7CQS7J
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start.		\$ 725.67	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 1797.54
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	2 		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.57	\$ 0.71
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 0.57	\$ 1798.25
EXPENDIBURES	國家政策和政策		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 681.21	\$ 1680.18
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 20.00
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 45.03	\$ 45.03
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 53.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 726.24	\$ 1798.25
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 0	\$ 0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	) (CRO-1430)	\$	
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-2200)	\$ .	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

NC State Board of Elections

### **Other Receipt Sources** Use this for

Pg st in <u>1</u> of Amendment Yes  $\boxtimes$ 

No

1

Use this form t	to report income not repo	rted on another form. i.e. interes	t income	, not for profit con	tributions etc.			
1. Committee Full Name (and Fund if applicable) 2. II						D Number		
Nan L. Holland for Council					70	7CQS7J		
3. Type of Rec	ceipt Source	(Please use separate CRO-1)	250 form	s for each type of	Receipt Source.			
Interest								
4. Contributor		Add 📈	Nation F	Remov	vē			
	iling Address & Phone		b. Not-f	or-Profit Federal ID #	d, Commer	its .		
(include city, st Allegacy Fede	the second s							
Allegacy Federal Credit Union			c. Outsi	de Source Explanation	<b>i</b> a contraction of the second s			
					······································			
1			Interest			e. Election Sum to Date		
					\$ 0.7	'1		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount			
NLH NLH	Deposit Deposit			10/31/11		0.02 <sup>.</sup>		
			11/30/11		\$	0.03		
4. Contributor	Information .	Add 📃		Remov	e			
	ling Address & Phone		b. Not-fo	or-Profit Federal ID #	d. Commen	ts		
(include city, sta	ite, & zip)							
Allegacy (cont	ťd)		c. Outsic	le Source Explanation				
0,7,0			<u></u>					
Interest		t	e. Election Sum to Date					
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	) j. Amount			
NLH	Deposit			12/27/11	\$	0.52		
	·				\$			
4. Contributor	Contraction of the second s	Add 🗐		Remove				
a. Full Name, Maili (include city, stat	ing Address & Phone		b. Not-fo	r-Profit Federal ID #	d. Comment	S		
(include city, stat	rei oo xih)							
			c. Outsid	e Source Explanation	fa fa su da Succession da			
				e. Election S	um to Date			
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	) j. Amount			
					\$			
					\$			
5. Total only	this Page		in constant and the second		\$ 0.57			
的。你们是我们的是你是你不是你。"	LL CRO-1250 Page							
2. March 19, Charles and Charles	A DATE OF A	Page CRO-1100 IJ Interest) Page CRO-1100 if Not-for-Profit Cont.	ribution)		\$ 0.57			
		Page CRO-1100 if Outside Sources of	13. Jan 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,					

# Disbursements

Amendment Yes

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No

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

	full Name (and Fun	d if applicable)	AND AND A DECK		en rolle de leve-ster	2. ID Number	
Nan L. Holland				100000000000000000000000000000000000000	with a familiar of the state of the state of the	7CQS7J	
Operating E	ursement (Plea	<u>Contributions to Con</u>	KO-1310 forms for ididates/Political Com	<u>reach t</u>			6 43 43
4. Payee Inform			«Add			ordinated Party Expenditures	1
	ing Address & Phone		b. Coordinated Con		Contraction of the second s	d. Comments	
(include city, state,							inder vol. de la partici
Post Mark	·		c. Level Registered	(Specify)			
390 Cassell St	_		Federal	$\boxtimes$	County:	1	
W-S, NC 2710	7		State		Municipality:	e. Election Sum to Date	
336-722-2886						\$ 681.21	
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/y		j. Amount	k. Required Remarks	Sata sala sa ang sa
		<u>nan anten de la posta (nomina, 197</u>		3331		Post Card	
NLH	Debit	B/I	10/27/11		\$681.21	mailers	
					<u>е</u>		
					\$ .		
4. Payee Inform			Add		Remove		
이 같이 지지 않는 것이 같은 것이 좋는 것이 같을 것이 없는 것이 없을까?	ng Address & Phone		b. Coordinated Com	mittee Na	me	d. Comments	
(include city, state, o	<u>&amp; 2(p)</u>						
			c. Leyel Registered (	Snecify			
			Federal		County:	·	
			State	Π	Municipality:	e. Election Sum to Date	
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			····			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payee Inform:	ation		Add		Remove		a
a. Full Name, Mailin	ig Address & Phone		b. Coordinated Com	A CARLES	a construction of the second construction sector ( ) and () and ()	d. Comments	
(include city, state, &	<mark>&amp; zip)</mark>						
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		•	c. Level Registered (S	pecify)			
			Federal State		County:		2 (a <b>9</b> aersonia auso
					Municipality:	e. Election Sum to Date	olle fille afgest
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks	
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5. Total only this	Раде	AND STATE THE STATE				¢ (01.01	
WATER AND ADDRESS OF A DECK OF A DEC	RO-1310 Pages		and the second		And the second s	\$ 681.21	
(This line goes in li	ne 13a of Detailed Sumn	ary Page CRO-1100 ij	Operating Expenses)	1201220202020		<b>A (0)</b>	
(This line goes in li	ne 13b of Detailed Summ	ary Page CRO-1100 ij	Contrib to Candidate	s/Political	Comm)	\$ 681.21	
	ne 13c of Detailed Summ			cpenditure	s)		
7. Purpose Codes A* - Media	Clist detailed expe		A number of the state of the st				
A^ - Niedia E - Salaries	B* - Printing F* - Equipment	C* - Fundra G - Political		an an an suite a The car an suite The car and suite	D - To Another	Candidate ublic Office Expenses	heige kuiste
l - Postage	J - Penalties	K* - Office			Q* - Donation	to Legal Expense Fund	e Maintaidh.)
O* - Other	3. 2. 2. 1	는 것이 있는 것이 있는 것이 있다. 이 아이에 가지 않는 것이 있는 것이 있는 것이 있는 것이 같이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있					
	detailed explanatio						
CRO-1310		NC Stat	e Board of Elections			Decembe	r 2009

## **Refunds/Reimbursements From the Committee**

<u>1</u> of

<u>1</u>

Amendment  $\boxtimes$ Yes 

No

Pg Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full	Name (and F	und if applicable)			$t \ge t$		2.	ID Number	
Nan L. Holland for Council						7CQS7J			
3. Payee Informati	100 C 100		dd 🚺	Remove					
a. Full Name, Mailing	n de la transferit (1885) à Chillippin (18			e of Committee		an an thair an thair An thair an t	h.	Original Receipt Date	
(include city, state, & zip)				Candidate PAC 07/31			07/31/11		
Nan L. Holland	e. Leve	e. Level Registered (Specify)			<u>.</u>	Original Receipt Amount			
3401 Kilcash Drive		Federal County: \$ 100			100.00				
Clemmons, NC 27012				State		Municipality:	58	Election Sum to Date	
t. Purpose Code									
						\$	45.03		
Sr Director	b. Job Title/Profession c. Employer's Name/Specific Field Sr Director Novant Health			ments	a. htt	·马尔尔和马尔特		k. Account Code	
								-11	
I. Form of Payment	m. Required l					n. Date (mm/dd/yy	уу)	o. Amount	
Transfer	Close acct / me	ove funds to personal acct			1	12/27/11	\$ 45.03		
3. Payee Informatio	THE REPORT OF A DESCRIPTION OF A DESCRIP	Ad	ld	Remove	8.5	4.55 B.700		en als sense analoge	
a. Full Name, Mailing A				of Committee			h, (	Original Receipt Date	
(include city, state, &	21p)			Candidate Referendum		PAC Party			
			and the state of the state of the state	Registered (Spe	cify)		i. C	Driginal Receipt Amount	
				Federal		County:	\$		
			f. Purpo	State se Code	ic), kalet	Municipality:		lection Sum to Date	
			000-000000000		1973 BAR			ACCHON SUM TO LARCE	
					<b>\$</b>				
b. Job Title/Profession	r an	c. Employer's Name/Specific Field	g. Comr	nents	3-11-01)		. <b>K.</b> 4	Account Code	
1. Form of Payment	m. Required R	temarks				n. Date (mm/dd/yy	/y)	o. Amount	
								S	
3. Payee Informatio	en 19 e 2017 e la ser l'alcade l'include de la color de la	Add	d 🔄	Remove					
a. Full Name, Mailing Ad	고양 영향 영상에 실망하는 것			of Committee		ENTRY MADE IN S	h. C	Driginal Receipt Date	
(include city, state, or	aby			Referendum	4	PAC Party			
			e. Level	Registered (Spe	cify)		i. O	riginal Receipt Amount	
				Federal [	$\exists$	County:	\$		
			f. Purpo			Municipality:	í. É	lection Sum to Date	
			<u> </u>	<u></u>		<u>, an </u>	\$		
b. Job Title/Profession	Air iti	c. Employer's Name/Specific Field	g. Comm	ients				ccount Code	
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L Form of Payment	m. Required R	emarks			<u>)</u> 	n, Date (mm/dd/yyy	y)	o. Amount	
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