

# 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.

**COPY**

Amendment *RTH*  
☒ Yes ☐ No

|                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| a. Full Name<br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br>2731 REGENCY DRIVE<br>WINSTON-SALEM, NC 27106                                                                                                                                                                                                                                                          |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d. Date Filed<br>06/13/2012            |
|                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e. Phone Number<br>(336) 607-7386      |
| 2. Report Year<br>2012                                                                                                                                                                                                                                                                                                                                          | 3. Period Start Date (mm/dd/yy)<br>01/01/2012 | 4. Period End Date (mm/dd/yy)<br>04/21/2012                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Treasurer Full Name<br>RICHARD SIEG |
| <b>6. Type of Committee (Check One)</b>                                                                                                                                                                                                                                                                                                                         |                                               | <b>9. Type of Report (check only one type of report from one category)</b>                                                                                                                                                                                                                                                                                                                                                                        |                                        |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund                                                                                                              |                                               | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                           |                                        |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:                                                  |                                               | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                        |
| 8. Number of Fundraisers this Report<br>0                                                                                                                                                                                                                                                                                                                       |                                               | 10. Special Report Name                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
| <b>3. Account Information</b>                                                                                                                                                                                                                                                                                                                                   |                                               | <b>3. Account Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| a. Financial Institution Full Name<br>NEWBRIDGE BANK                                                                                                                                                                                                                                                                                                            |                                               | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| b. Purpose<br>CAMPAIGN CHECKING                                                                                                                                                                                                                                                                                                                                 | c. Account Code<br>1                          | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                        | c. Account Code                        |
|                                                                                                                                                                                                                                                                                                                                                                 | d. Period Begin Balance<br>\$ 178.85          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d. Period Begin Balance<br>\$          |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| 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 NC State Board |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| <u>RICHARD L. SIEG</u><br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                |                                               | <u>Richard L. Sieg</u><br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                        |                                        |
|                                                                                                                                                                                                                                                                                                                                                                 |                                               | 06/13/2012<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| Date Received:                                                                                                                                                                                                                                                                                                                                                  | <u>6/13/2012</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                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.                                                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |

# Detailed Summary

Amendment  
☒ Yes ☒ No

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

|                                                                              |  |                                    |  |                                  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                               |  | 2012 First Quarter                 |  |                                  |  |
| <b>Start of Election Cycle: January 1, 2012</b>                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$ 178.85                          |  | \$ 37.90                         |  |
| <b>RECEIPTS</b>                                                              |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 290.00                          |  | \$ 290.00                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 11,006.32                       |  | \$ 11,147.27                     |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11) Other Receipt Sources                                                    |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 11,296.32                       |  | \$ 11,437.27                     |  |
| <b>EXPENDITURES</b>                                                          |  |                                    |  |                                  |  |
| 13) Disbursements                                                            |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 5,418.59                        |  | \$ 5,418.59                      |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 50.00                           |  | \$ 50.00                         |  |
| 15) Loan Repayments (CRO-1420)                                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 2,149.56                        |  | \$ 2,149.56                      |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$ 1,206.32                        |  | \$ 1,206.32                      |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 8,824.47                        |  | \$ 8,824.47                      |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 2,650.70                        |  | \$ 2,650.70                      |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$ 0.00                            |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 0.00                            |  |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$ 0.00                            |  |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$ 0.00                            |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$ 0.00                            |  |                                  |  |
| 25) Administrative Support (CRO-1710)                                        |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 26) Forgiven Loans (CRO-1440)                                                |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                          |                        |                           |                               |                             |                     |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                        |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                          | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 01/23/2012                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 01/18/2012                  | \$ 35.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 01/20/2012                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 01/18/2012                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 04/16/2012                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 01/18/2012                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | 1                      | Check                     |                               | 04/09/2012                  | \$ 30.00            |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                             | \$ 290.00           |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                        |                           |                               |                             | \$ 290.00           |  |

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 12

Amendment  
☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| THOMAS AIKEN<br>2926 BUENA VISTA ROAD<br>WINSTON-SALEM, NC 27106                                         |                        |                           | CPA/ACCOUNTANT                           |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | THOMAS AIKEN CPA                         |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 03/20/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| DONALD C. BEAVER<br>3763 GOLF DRIVE<br>CONOVER, NC 28613                                                 |                        |                           | OWNER/RETIREMENT<br>HOMES                |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | BLUMENTHAL JEWISH<br>HOME                |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 200.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 02/14/2012                  | \$ 200.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| REXINE T. BENNETT<br>901 BRANCHWOOD DRIVE<br>KERNERSVILLE, NC 27284                                      |                        |                           | RETIRED                                  |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 01/20/2012                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 11,006.32                   |  |

# Contributions from Individuals

Pg 2 of 12

Amendment PH  
☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                               |                                          |                     |                                |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                          | <b>2. ID Number</b> |                                |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                               |                                          |                     |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| STEPHEN R. BERLIN<br>325 FOX LAKE COURT<br>WINSTON-SALEM, NC 27106                                       |                        |                           |                               | PARTNER/ATTORNEY                         |                     |                                |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                          |                        |                           |                               | KILPATRICK TOWNSEND & STOCKTON           |                     | \$ 200.00                      |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 03/10/2012                               | \$ 200.00           |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| JOHN W. BURRESS III<br>380 KNOLLWOOD STREET, SUITE 610<br>WINSTON-SALEM, NC 27103                        |                        |                           |                               | RETIRED                                  |                     |                                |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                          |                        |                           |                               |                                          |                     | \$ 250.00                      |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 02/01/2012                               | \$ 250.00           |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| F. HUDNALL CHRISTOPHER JR<br>2837 REYNOLDS DRIVE<br>WINSTON-SALEM, NC 27104                              |                        |                           |                               | RETIRED                                  |                     |                                |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                          |                        |                           |                               |                                          |                     | \$ 250.00                      |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 02/08/2012                               | \$ 250.00           |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                          | \$ 700.00           |                                |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          | \$ 11,006.32        |                                |

# Contributions from Individuals

Pg 3 of 12

Amendment PH  
☒ Yes ☒ No

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

|                                                                                                                                                              |                             |                                    |                                                                              |                                           |                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                     |                             |                                    |                                                                              |                                           | <b>2. ID Number</b>                                           |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                               |                             |                                    |                                                                              |                                           |                                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>TWIN CITY PROPERTIES CORP.<br>125 ALLEN STREET<br>KERNERSVILLE, NC 27284 |                             |                                    | <b>b. Job Title/Profession</b><br>REAL ESTATE                                |                                           | <b>d. Comments</b><br>REFUNDED PER<br>JUDY SPEARS<br>GUIDANCE |  |
|                                                                                                                                                              |                             |                                    | <b>c. Employer's Name/Specific Field</b><br>TWIN CITY PROPERTIES<br>CORP.    |                                           | <b>e. Election Sum to Date</b><br>\$ 0.00                     |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                                  | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                | <b>j. Date (mm/dd/yyyy)</b><br>01/26/2012 | <b>k. Amount</b><br>\$ 1,000.00                               |  |
| <input type="checkbox"/>                                                                                                                                     |                             |                                    |                                                                              |                                           | \$                                                            |  |
| <input type="checkbox"/>                                                                                                                                     |                             |                                    |                                                                              |                                           | \$                                                            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                               |                             |                                    |                                                                              |                                           |                                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>HARRIS B. CRAIG<br>4040 RIVER BRANCH LANE<br>PFAFFTOWN, NC 27040         |                             |                                    | <b>b. Job Title/Profession</b><br>OWNER/VETERINARIAN                         |                                           | <b>d. Comments</b>                                            |  |
|                                                                                                                                                              |                             |                                    | <b>c. Employer's Name/Specific Field</b><br>MOUNT TABOR<br>VETERINARY CLINIC |                                           | <b>e. Election Sum to Date</b><br>\$ 100.00                   |  |
| <input type="checkbox"/>                                                                                                                                     | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                | <b>j. Date (mm/dd/yyyy)</b><br>02/27/2012 | <b>k. Amount</b><br>\$ 100.00                                 |  |
| <input type="checkbox"/>                                                                                                                                     |                             |                                    |                                                                              |                                           | \$                                                            |  |
| <input type="checkbox"/>                                                                                                                                     |                             |                                    |                                                                              |                                           | \$                                                            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                               |                             |                                    |                                                                              |                                           |                                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>NANCY EPPERSON<br>3780 WILL SCARLETT ROAD<br>WINSTON-SALEM, NC 27104     |                             |                                    | <b>b. Job Title/Profession</b><br>CO CHAIRMAN                                |                                           | <b>d. Comments</b>                                            |  |
|                                                                                                                                                              |                             |                                    | <b>c. Employer's Name/Specific Field</b><br>SALEM COMMUNICATIONS             |                                           | <b>e. Election Sum to Date</b><br>\$ 400.00                   |  |
| <input type="checkbox"/>                                                                                                                                     | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                | <b>j. Date (mm/dd/yyyy)</b><br>02/24/2012 | <b>k. Amount</b><br>\$ 200.00                                 |  |
| <input type="checkbox"/>                                                                                                                                     | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                | <b>j. Date (mm/dd/yyyy)</b><br>04/16/2012 | <b>k. Amount</b><br>\$ 200.00                                 |  |
| <input type="checkbox"/>                                                                                                                                     |                             |                                    |                                                                              |                                           | \$                                                            |  |
| <b>4. Total only this Page</b>                                                                                                                               |                             |                                    |                                                                              |                                           | \$ 1,500.00                                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                                     |                             |                                    |                                                                              |                                           | \$ 11,006.32                                                  |  |

# Contributions from Individuals

Pg 4 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                                                        |                             |                                             |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|--------------------------------------------------------|-----------------------------|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                                        |                             | <b>2. ID Number</b>                         |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                                                        |                             |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                        |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                         |                             | <b>d. Comments</b>                          |  |
| VICTOR I. FLOW<br>2755 OLD TOWN CLUB ROAD<br>WINSTON-SALEM, NC 27106                                     |                        |                           | PRESIDENT/CAR<br>DEALERSHIP SALES AND                  |                             |                                             |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b><br>FLOW LEXUS |                             |                                             |  |
|                                                                                                          |                        |                           |                                                        |                             | <b>e. Election Sum to Date</b><br>\$ 250.00 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                          | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                        | 01/25/2012                  | \$ 250.00                                   |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                        |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                         |                             | <b>d. Comments</b>                          |  |
| PAUL FULTON<br>380 KNOLLWOOD STREET, SUITE 610<br>WINSTON-SALEM, NC 27103                                |                        |                           | RETIRED                                                |                             |                                             |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>               |                             |                                             |  |
|                                                                                                          |                        |                           |                                                        |                             | <b>e. Election Sum to Date</b><br>\$ 200.00 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                          | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                        | 01/19/2012                  | \$ 200.00                                   |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                        |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                         |                             | <b>d. Comments</b>                          |  |
| JOHN W. GOOGE<br>746 WELLINGTON ROAD<br>WINSTON-SALEM, NC 27106                                          |                        |                           | RETIRED                                                |                             |                                             |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>               |                             |                                             |  |
|                                                                                                          |                        |                           |                                                        |                             | <b>e. Election Sum to Date</b><br>\$ 250.00 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                          | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                        | 03/05/2012                  | \$ 250.00                                   |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                        |                             | \$                                          |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                                        |                             | \$ 700.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                                        |                             | \$ 11,006.32                                |  |

# Contributions from Individuals

Pg 5 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                               |                                            |                  |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|--------------------------------------------|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                            |                  | <b>2. ID Number</b>            |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                               |                                            |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                            |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>             |                  | <b>d. Comments</b>             |  |
| RICHARD D. GRAVES<br>119 S. MARSHALL STREET<br>WINSTON-SALEM, NC 27101-2832                              |                        |                           |                               | RETIRED                                    |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>   |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                            |                  | \$ 1,000.00                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 02/02/2012                                 | \$ 1,000.00      |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                            |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>             |                  | <b>d. Comments</b>             |  |
| MURRAY C. GREASON JR<br>1 WEST FOURTH STREET<br>WINSTON-SALEM, NC 27101                                  |                        |                           |                               | PARTNER/ATTORNEY                           |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>   |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               | WOMBLE CARLYLE<br>SANDRIDGE & RICE         |                  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 01/26/2012                                 | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                            |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>             |                  | <b>d. Comments</b>             |  |
| DENNIS G. HATCHELL<br>1875 RUNNYMEADE ROAD<br>WINSTON-SALEM, NC 27103                                    |                        |                           |                               | VICE CHAIRMAN/FOOD<br>SALES & DISTRIBUTION |                  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>   |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               | ALEX LEE, INC.                             |                  | \$ 1,000.00                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 01/22/2012                                 | \$ 1,000.00      |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                            | \$               |                                |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                            |                  | \$ 2,100.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                            |                  | \$ 11,006.32                   |  |

# Contributions from Individuals

Pg 6 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                                                                         |                             |                                    |                               |                                                                |  |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------------------|----------------------------------------------------------------|--|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                |                             |                                    |                               |                                                                |  | <b>2. ID Number</b>                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                               |                                                                |  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>GAY NELL HUTCHENS<br>518 CLARIDGE CIRCLE<br>WINSTON-SALEM, NC 27106 |                             |                                    |                               | <b>b. Job Title/Profession</b><br>RETIRED                      |  | <b>d. Comments</b>                          |  |
|                                                                                                                                                         |                             |                                    |                               | <b>c. Employer's Name/Specific Field</b>                       |  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                             | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b><br>01/18/2012                      |  | <b>k. Amount</b><br>\$ 100.00               |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                               |                                                                |  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>THEODORE A. KEITH<br>2842 BITTING ROAD<br>WINSTON-SALEM, NC 27104   |                             |                                    |                               | <b>b. Job Title/Profession</b><br>RETIRED                      |  | <b>d. Comments</b>                          |  |
|                                                                                                                                                         |                             |                                    |                               | <b>c. Employer's Name/Specific Field</b>                       |  | <b>e. Election Sum to Date</b><br>\$ 200.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                             | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b><br>02/08/2012                      |  | <b>k. Amount</b><br>\$ 200.00               |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                               |                                                                |  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>D. GRAY KIMEL JR<br>421 ARCHER ROAD<br>WINSTON-SALEM, NC 27106      |                             |                                    |                               | <b>b. Job Title/Profession</b><br>MANAGER, MIDEAST<br>DIVISION |  | <b>d. Comments</b>                          |  |
|                                                                                                                                                         |                             |                                    |                               | <b>c. Employer's Name/Specific Field</b><br>VULCAN MATERIALS   |  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                             | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b><br>01/24/2012                      |  | <b>k. Amount</b><br>\$ 100.00               |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                |                             |                                    |                               |                                                                |  | \$                                          |  |
| <b>4. Total only this Page</b>                                                                                                                          |                             |                                    |                               |                                                                |  | \$ 400.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                                |                             |                                    |                               |                                                                |  | \$ 11,006.32                                |  |

# Contributions from Individuals

Pg 7 of 12

Amendment  
☒ Yes ☒ No

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

|                                                                                                                                                          |                        |                           |                                                                         |                             |                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------------------------------------------------|-----------------------------|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                 |                        |                           |                                                                         |                             | <b>2. ID Number</b>                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                        |                           |                                                                         |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>CLARENCE LAMBE JR<br>485 BLUFF SCHOOL ROAD<br>KERNERSVILLE, NC 27284 |                        |                           | <b>b. Job Title/Profession</b><br>PRESIDENT                             |                             | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b><br>TWIN CITY INVESTMENTS, INC. |                             | <b>e. Election Sum to Date</b><br>\$ 500.00 |  |
| <b>f. Prior</b>                                                                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                                                                 | 1                      | Check                     |                                                                         | 04/04/2012                  | \$ 500.00                                   |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                        |                           |                                                                         |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>CLARENCE LAMBE SR<br>125 ALLEN STREET<br>KERNERSVILLE, NC 27284      |                        |                           | <b>b. Job Title/Profession</b><br>PRESIDENT/REAL ESTATE                 |                             | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b><br>LAMBE REALTY & INVESTMENT   |                             | <b>e. Election Sum to Date</b><br>\$ 500.00 |  |
| <b>f. Prior</b>                                                                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                                                                 | 1                      | Check                     |                                                                         | 03/18/2012                  | \$ 500.00                                   |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                        |                           |                                                                         |                             |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>JOHN G. MEDLIN<br>1056 KENLEIGH CIRCLE<br>WINSTON-SALEM, NC 27106    |                        |                           | <b>b. Job Title/Profession</b><br>RETIRED                               |                             | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                                |                             | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>                                                                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>                            |  |
| <input type="checkbox"/>                                                                                                                                 | 1                      | Check                     |                                                                         | 01/23/2012                  | \$ 100.00                                   |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                        |                           |                                                                         |                             | \$                                          |  |
| <b>4. Total only this Page</b>                                                                                                                           |                        |                           |                                                                         |                             | \$ 1,100.00                                 |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                                 |                        |                           |                                                                         |                             | \$ 11,006.32                                |  |

# Contributions from Individuals

Pg 8 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                                                                          |                             |                                    |                                                                                                                                           |                                           |                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                 |                             |                                    |                                                                                                                                           |                                           | <b>2. ID Number</b>                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                             |                                    |                                                                                                                                           |                                           |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>DON MORTON<br>736 QUARTERSTAFF ROAD<br>WINSTON-SALEM, NC 27104       |                             |                                    | <b>b. Job Title/Profession</b><br>CHAIRMAN/CHEMICAL<br>SALES<br><b>c. Employer's Name/Specific Field</b><br>GOTRA, INC.                   |                                           | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                             |                                    |                                                                                                                                           |                                           | <b>e. Election Sum to Date</b><br>\$ 200.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                              | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                                                                             | <b>j. Date (mm/dd/yyyy)</b><br>01/19/2012 | <b>k. Amount</b><br>\$ 200.00               |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                             |                                    |                                                                                                                                           |                                           |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>L. GLENN ORR<br>2735 FORREST DRIVE<br>WINSTON-SALEM, NC 27104        |                             |                                    | <b>b. Job Title/Profession</b><br>CHAIRMAN/INVESTMENT<br>BANKER<br><b>c. Employer's Name/Specific Field</b><br>THE ORR GROUP              |                                           | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                             |                                    |                                                                                                                                           |                                           | <b>e. Election Sum to Date</b><br>\$ 200.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                              | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                                                                             | <b>j. Date (mm/dd/yyyy)</b><br>01/19/2012 | <b>k. Amount</b><br>\$ 200.00               |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                             |                                    |                                                                                                                                           |                                           |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>GRAYDON PLEASANTS<br>1800 GREENBRIER ROAD<br>WINSTON-SALEM, NC 27104 |                             |                                    | <b>b. Job Title/Profession</b><br>MEDICAL RESEARCH<br><b>c. Employer's Name/Specific Field</b><br>WAKE FOREST UNIVERSITY<br>RESEARCH PARK |                                           | <b>d. Comments</b>                          |  |
|                                                                                                                                                          |                             |                                    |                                                                                                                                           |                                           | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b><br><input type="checkbox"/>                                                                                                              | <b>g. Account Code</b><br>1 | <b>h. Form of Payment</b><br>Check | <b>i. In-Kind Description</b>                                                                                                             | <b>j. Date (mm/dd/yyyy)</b><br>04/16/2012 | <b>k. Amount</b><br>\$ 100.00               |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                                                                                                                                           |                                           | \$                                          |  |
| <b>4. Total only this Page</b>                                                                                                                           |                             |                                    |                                                                                                                                           |                                           | \$ 500.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                                 |                             |                                    |                                                                                                                                           |                                           | \$ 11,006.32                                |  |

# Contributions from Individuals

Pg 9 of 12

Amendment  
☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                                            |                                          |                  |                                            |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|--------------------------------------------|------------------------------------------|------------------|--------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                            |                                          |                  | <b>2. ID Number</b>                        |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                                            |                                          |                  |                                            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                            |                                          |                  |                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                                            | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                         |  |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                |                        |                           |                                            | <b>c. Employer's Name/Specific Field</b> |                  |                                            |  |
|                                                                                                          |                        |                           |                                            |                                          |                  | <b>e. Election Sum to Date</b><br>\$ 56.76 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>              | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | SIR SPEEDY - CAMPAIGN LETTERS, ENVELOPES & | 01/13/2012                               | \$ 165.09        |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | POSTAGE STAMPS                             | 01/14/2012                               | \$ 44.00         |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | ACTIVATE DIRECT - EMAIL SERVICES           | 01/15/2012                               | \$ 385.00        |                                            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                            |                                          |                  |                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                                            | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                         |  |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                |                        |                           |                                            | <b>c. Employer's Name/Specific Field</b> |                  |                                            |  |
|                                                                                                          |                        |                           |                                            |                                          |                  | <b>e. Election Sum to Date</b><br>\$ 56.76 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>              | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | SIR SPEEDY                                 | 02/09/2012                               | \$ 156.71        |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | ACTIVATE DIRECT - EMAIL SERVICES           | 02/21/2012                               | \$ 85.00         |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | ACTIVATE DIRECT - EMAIL SERVICES           | 03/14/2012                               | \$ 142.76        |                                            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                            |                                          |                  |                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                                            | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                         |  |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                |                        |                           |                                            | <b>c. Employer's Name/Specific Field</b> |                  |                                            |  |
|                                                                                                          |                        |                           |                                            |                                          |                  | <b>e. Election Sum to Date</b><br>\$ 56.76 |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>              | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                            |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | ACTIVATE DIRECT - EMAIL SERVICES           | 03/20/2012                               | \$ 227.76        |                                            |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                            |                                          | \$               |                                            |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                            |                                          | \$               |                                            |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                            |                                          |                  | \$ 1,206.32                                |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                            |                                          |                  | \$ 11,006.32                               |  |

# Contributions from Individuals

Pg 10 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| W. AVALON POTTS<br>3201 CENTRE PARK BLVD.<br>WINSTON-SALEM, NC 27101                                     |                        |                           | CEO                                      |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           | MODERN MACHINE AND<br>METAL FABRICATORS  |                             | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 02/18/2012                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| DALTON D. RUFFIN<br>2841 GALSWORTHY DRIVE<br>WINSTON-SALEM, NC 27106                                     |                        |                           | RETIRED                                  |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 01/19/2012                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ALLEN B. SHAW JR<br>4650 CHINABERRY LANE<br>WINSTON-SALEM, NC 27106                                      |                        |                           | OWNER/BROADCASTING                       |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           | CENTENNIAL<br>BROADCASTING, LLC          |                             | \$ 250.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 03/02/2012                  | \$ 250.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 1,250.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 11,006.32                   |  |

# Contributions from Individuals

Pg 11 of 12

Amendment  
☒ Yes ☒ No

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

|                                                                                                                                                        |                        |                           |                               |                                                                 |                  |                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------------------------------------------|------------------|---------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                               |                        |                           |                               |                                                                 |                  | <b>2. ID Number</b>                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                        |                           |                               |                                                                 |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>GROVER SHUGART JR<br>221 JONESTOWN ROAD<br>WINSTON-SALEM, NC 27104 |                        |                           |                               | <b>b. Job Title/Profession</b><br>PRESIDENT/BUILDER             |                  | <b>d. Comments</b>                          |  |
|                                                                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>SHUGART ENTERPRISES |                  | <b>e. Election Sum to Date</b><br>\$ 250.00 |  |
| <b>f. Prior</b>                                                                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                     | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                                                               | 1                      | Check                     |                               | 01/19/2012                                                      | \$ 250.00        |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                        |                           |                               |                                                                 |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>CAROLYN MYERS SLOAN<br>3026 RANDOLPH DRIVE<br>RALEIGH, NC 27609    |                        |                           |                               | <b>b. Job Title/Profession</b><br>RETIRED                       |                  | <b>d. Comments</b>                          |  |
|                                                                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                        |                  | <b>e. Election Sum to Date</b><br>\$ 200.00 |  |
| <b>f. Prior</b>                                                                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                     | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                                                               | 1                      | Check                     |                               | 02/14/2012                                                      | \$ 200.00        |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                        |                           |                               |                                                                 |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>MARGE SOSNIK<br>2400 WARWICK ROAD<br>WINSTON-SALEM, NC 27104       |                        |                           |                               | <b>b. Job Title/Profession</b><br>RETIRED                       |                  | <b>d. Comments</b>                          |  |
|                                                                                                                                                        |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                        |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <b>f. Prior</b>                                                                                                                                        | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                     | <b>k. Amount</b> |                                             |  |
| <input type="checkbox"/>                                                                                                                               | 1                      | Check                     |                               | 01/19/2012                                                      | \$ 100.00        |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <input type="checkbox"/>                                                                                                                               |                        |                           |                               |                                                                 | \$               |                                             |  |
| <b>4. Total only this Page</b>                                                                                                                         |                        |                           |                               |                                                                 |                  | \$ 550.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                               |                        |                           |                               |                                                                 |                  | \$ 11,006.32                                |  |

# Contributions from Individuals

Pg 12 of 12

Amendment ☒ Yes ☒ No

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

|                                                                                                          |                        |                           |                               |                                          |                     |                                |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                          | <b>2. ID Number</b> |                                |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                           |                        |                           |                               |                                          |                     |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| WARREN W. SPARROW<br>1117 WEST FOURTH STREET<br>WINSTON-SALEM, NC 27101                                  |                        |                           |                               | RETIRE                                   |                     |                                |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                          |                        |                           |                               |                                          |                     | \$ 100.00                      |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 01/19/2012                               | \$ 100.00           |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>             |
| BEN C. SUTTON JR<br>540 NORTH TRADE STREET<br>WINSTON-SALEM, NC 27101-2915                               |                        |                           |                               | CHAIRMAN/EXECUTIVE/SPO<br>RTS MARKETING  |                     |                                |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     | <b>e. Election Sum to Date</b> |
|                                                                                                          |                        |                           |                               | IMG SPORTS                               |                     | \$ 500.00                      |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |                                |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                               | 03/15/2012                               | \$ 500.00           |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          | \$                  |                                |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                          | \$ 600.00           |                                |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          | \$ 11,006.32        |                                |

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 2

Amendment ☒ Yes ☐ No

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)<br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                             |                     | 2. ID Number                           |  |
| 3. Type of Disbursement (Please use separate CRO-1310 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)<br>BOARD OF ELECTIONS<br>FORSYTH COUNTY GOVERNMENT CENTER<br>201 N. CHESTNUT STREET<br>WINSTON-SALEM, NC 27101-4120                                                                                                                                            |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                               |                     | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date<br>\$ 196.00   |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                   | k. Required Remarks |                                        |  |
| 1                                                                                                                                                                                                                                                                                                                                    | Check              | O               | 02/21/2012           | \$ 196.00                                                                                                                                                                   | FILING FEE          |                                        |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | \$                                                                                                                                                                          |                     |                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                             |                     |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>POSTMARK, INC.<br>390 CASSELL STREET<br>WINSTON-SALEM, NC 27107                                                                                                                                                                                             |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                               |                     | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date<br>\$ 2,000.00 |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                   | k. Required Remarks |                                        |  |
| 1                                                                                                                                                                                                                                                                                                                                    | Check              | B               | 04/16/2012           | \$ 2,000.00                                                                                                                                                                 | DIRECT MAIL         |                                        |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | \$                                                                                                                                                                          |                     |                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                             |                     |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>U.S. POSTAL SERVICE<br>325 WEST MOUNTAIN STREET<br>WINSTON-SALEM, NC 27284                                                                                                                                                                                  |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                               |                     | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date<br>\$ 90.00    |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                   | k. Required Remarks |                                        |  |
| 1                                                                                                                                                                                                                                                                                                                                    | Check              | I               | 01/23/2012           | \$ 90.00                                                                                                                                                                    |                     |                                        |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | \$                                                                                                                                                                          |                     |                                        |  |
| 5. Total only this Page                                                                                                                                                                                                                                                                                                              |                    |                 |                      |                                                                                                                                                                             |                     | \$ 2,286.00                            |  |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                 |                      |                                                                                                                                                                             |                     | \$ 5,418.59                            |  |
| 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)                                                                                                                                                                                                                                                                   |                    |                 |                      |                                                                                                                                                                             |                     |                                        |  |

# Disbursements

Pg 2 of 2

Amendment **R-16**  
☒ Yes ☒ No

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

|                                                                                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                    |                            | <b>2. ID Number</b>                           |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>WOOTEN GRAPHICS, INC.<br>P.O. BOX 819<br>WELCOME, NC 27374                                                                                                                                                     |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                       |                            | <b>d. Comments</b><br><br>                    |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b><br>\$ 752.59   |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                   | <b>k. Required Remarks</b> |                                               |  |
| 1                                                                                                                                                                                                                                                                                                  | Check                     | B                      | 03/27/2012                  | \$ 752.59                                                                                                                                                                          | YARD SIGNS                 |                                               |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                                                 |                            |                                               |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>WSJS RADIO<br>875 WEST FIFTH STREET<br>WINSTON-SALEM, NC 27101                                                                                                                                                 |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                       |                            | <b>d. Comments</b><br><br>                    |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b><br>\$ 1,150.00 |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                   | <b>k. Required Remarks</b> |                                               |  |
| 1                                                                                                                                                                                                                                                                                                  | Check                     | A                      | 04/16/2012                  | \$ 1,150.00                                                                                                                                                                        | RADIO ADVERTISEMENT        |                                               |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                                                 |                            |                                               |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>WTRU RADIO<br>4405 PROVIDENCE LANE, SUITE D<br>WINSTON-SALEM, NC 27106                                                                                                                                         |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                       |                            | <b>d. Comments</b><br><br>                    |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b><br>\$ 1,230.00 |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                   | <b>k. Required Remarks</b> |                                               |  |
| 1                                                                                                                                                                                                                                                                                                  | Check                     | A                      | 04/10/2012                  | \$ 1,230.00                                                                                                                                                                        | RADIO ADVERTISEMENT        |                                               |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                                                 |                            |                                               |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                     |                           |                        |                             |                                                                                                                                                                                    |                            | \$ 3,132.59                                   |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                           |                        |                             |                                                                                                                                                                                    |                            | \$ 5,418.59                                   |  |
| <b>7. Purpose Codes</b> (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)                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                                                    |                            |                                               |  |

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment 142  
☒ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

|                                                                                                           |                        |                           |                        |                                      |                     |                            |
|-----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------|--------------------------------------|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                        |                           |                        |                                      | <b>2. ID Number</b> |                            |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                            |                        |                           |                        |                                      |                     |                            |
| <b>3. Payee Information</b>                                                                               |                        |                           |                        |                                      |                     |                            |
| <b>a. Amend</b>                                                                                           | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. Purpose Code</b> | <b>e. Date (mm/dd/yyyy)</b>          | <b>f. Amount</b>    | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1                      | Check                     | B                      | 01/27/2012                           | \$ 50.00            | NEWSLETTER                 |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                        |                                      | \$ 50.00            |                            |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                        |                           |                        |                                      | \$ 50.00            |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>                                     |                        |                           |                        |                                      |                     |                            |
| B* - Printing                                                                                             |                        | C* - Fundraising          |                        | D - To Another Candidate             |                     |                            |
| E - Salaries                                                                                              |                        | F* - Equipment            |                        | H* - Holding Public Office Expenses  |                     |                            |
| I - Postage                                                                                               |                        | J - Penalties             |                        | K* - Office Expenses                 |                     |                            |
| O* - Other                                                                                                |                        |                           |                        | Q* - Donations to Legal Expense Fund |                     |                            |
| * Codes require detailed explanation in required remarks field (g)                                        |                        |                           |                        |                                      |                     |                            |

CRO-1315

NC State Board of Elections

December 2009

# Refunds/Reimbursements From the Committee Pg 1 of 3

Amendment ☒ Yes ☒ No

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

|                                                                                                           |                           |                                                              |                                                                                                                                            |                                |                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                                                              |                                                                                                                                            | <b>2. ID Number</b>            |                                   |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                            |                           |                                                              |                                                                                                                                            |                                |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                                              |                                                                                                                                            |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                                              | <b>d. Type of Committee</b>                                                                                                                |                                | <b>g. Comments</b>                |
| TWIN CITY PROPERTIES CORP.<br>125 ALLEN STREET<br>KERNERSVILLE, NC 27284                                  |                           |                                                              | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                   |
|                                                                                                           |                           |                                                              | <b>e. Level Registered (Specify)</b>                                                                                                       |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                                              | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 01/26/2012                        |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | \$ 1,000.00                       |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b>                     |                                                                                                                                            | <b>f. Purpose Code</b>         |                                   |
| REAL ESTATE                                                                                               |                           | TWIN CITY PROPERTIES CORP.                                   |                                                                                                                                            | L                              |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | \$ 0.00                        |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>                                   |                                                                                                                                            | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 1                                                                                                         | Check                     |                                                              |                                                                                                                                            | 03/21/2012                     | \$ 1,000.00                       |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                                              |                                                                                                                                            |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                                              | <b>d. Type of Committee</b>                                                                                                                |                                | <b>g. Comments</b>                |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                 |                           |                                                              | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                   |
|                                                                                                           |                           |                                                              | <b>e. Level Registered (Specify)</b>                                                                                                       |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                                              | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 01/13/2012                        |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | \$ 165.09                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b>                     |                                                                                                                                            | <b>f. Purpose Code</b>         |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | P                              |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | \$ 56.76                       |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>                                   |                                                                                                                                            | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 1                                                                                                         | Check                     | REIMBURSEMENT OF SIR SPEEDY<br>PRINTING - PAID FROM PERSONAL |                                                                                                                                            | 02/07/2012                     | \$ 165.09                         |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                                              |                                                                                                                                            |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                                              | <b>d. Type of Committee</b>                                                                                                                |                                | <b>g. Comments</b>                |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                 |                           |                                                              | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                   |
|                                                                                                           |                           |                                                              | <b>e. Level Registered (Specify)</b>                                                                                                       |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                                              | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 02/09/2012                        |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                                              |                                                                                                                                            |                                | \$ 156.71                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b>                     |                                                                                                                                            | <b>f. Purpose Code</b>         |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | P                              |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                                              |                                                                                                                                            | \$ 56.76                       |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>                                   |                                                                                                                                            | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 1                                                                                                         | Check                     | REIMBURSEMENT OF FILING FEE<br>PAID FROM CANDIDATE'S         |                                                                                                                                            | 02/10/2012                     | \$ 156.71                         |
| <b>4. Total only this Page</b>                                                                            |                           |                                                              |                                                                                                                                            |                                | \$ 1,321.80                       |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1100) |                           |                                                              |                                                                                                                                            |                                | \$ 2,149.56                       |
| <b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>                                    |                           |                                                              |                                                                                                                                            |                                |                                   |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit         |                           |                                                              |                                                                                                                                            |                                |                                   |
| P* - Reimbursement of In-Kim      O* Other                                                                |                           |                                                              |                                                                                                                                            |                                |                                   |
| * Codes require detailed explanation in required remarks field (m)                                        |                           |                                                              |                                                                                                                                            |                                |                                   |

# Refunds/Reimbursements From the Committee Pg 2 of 3

Amendment *RH*

☒ Yes ☒ No

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

|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVE PLYLER CAMPAIGN COMMITTEE                                                        |                                    |                                                                                            |                                                                                                                                                                                    | <b>2. ID Number</b>                        |                                                |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284   |                                    |                                                                                            | <b>d. Type of Committee</b><br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party               |                                            | <b>g. Comments</b>                             |
|                                                                                                                                                 |                                    |                                                                                            | <b>e. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                            | <b>h. Original Receipt Date</b><br>01/15/2012  |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    |                                            | <b>i. Original Receipt Amount</b><br>\$ 385.00 |
| <b>b. Job Title/Profession</b>                                                                                                                  |                                    | <b>c. Employer's Name/Specific Field</b>                                                   |                                                                                                                                                                                    | <b>f. Purpose Code</b><br>P                |                                                |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    | <b>j. Election Sum to Date</b><br>\$ 56.76 |                                                |
| <b>k. Account Code</b><br>1                                                                                                                     | <b>l. Form of Payment</b><br>Check | <b>m. Required Remarks</b><br>REIMBURSEMENT FOR ACTIVATE<br>DIRECT EMAIL SERVICE PAYMENT - |                                                                                                                                                                                    | <b>n. Date (mm/dd/yyyy)</b><br>02/07/2012  | <b>o. Amount</b><br>\$ 385.00                  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284   |                                    |                                                                                            | <b>d. Type of Committee</b><br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party               |                                            | <b>g. Comments</b>                             |
|                                                                                                                                                 |                                    |                                                                                            | <b>e. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                            | <b>h. Original Receipt Date</b><br>02/21/2012  |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    |                                            | <b>i. Original Receipt Amount</b><br>\$ 85.00  |
| <b>b. Job Title/Profession</b>                                                                                                                  |                                    | <b>c. Employer's Name/Specific Field</b>                                                   |                                                                                                                                                                                    | <b>f. Purpose Code</b><br>P                |                                                |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    | <b>j. Election Sum to Date</b><br>\$ 56.76 |                                                |
| <b>k. Account Code</b><br>1                                                                                                                     | <b>l. Form of Payment</b><br>Check | <b>m. Required Remarks</b><br>PARTIAL REIMBURSEMENT OF<br>ACTIVATE DIRECT COST - PAID      |                                                                                                                                                                                    | <b>n. Date (mm/dd/yyyy)</b><br>02/07/2012  | <b>o. Amount</b><br>\$ 72.24                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284   |                                    |                                                                                            | <b>d. Type of Committee</b><br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party               |                                            | <b>g. Comments</b>                             |
|                                                                                                                                                 |                                    |                                                                                            | <b>e. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                            | <b>h. Original Receipt Date</b><br>03/14/2012  |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    |                                            | <b>i. Original Receipt Amount</b><br>\$ 142.76 |
| <b>b. Job Title/Profession</b>                                                                                                                  |                                    | <b>c. Employer's Name/Specific Field</b>                                                   |                                                                                                                                                                                    | <b>f. Purpose Code</b><br>P                |                                                |
|                                                                                                                                                 |                                    |                                                                                            |                                                                                                                                                                                    | <b>j. Election Sum to Date</b><br>\$ 56.76 |                                                |
| <b>k. Account Code</b><br>1                                                                                                                     | <b>l. Form of Payment</b><br>Check | <b>m. Required Remarks</b><br>REIMBURSEMENT FOR ACTIVATE<br>DIRECT EMAIL SERVICE PAYMENT - |                                                                                                                                                                                    | <b>n. Date (mm/dd/yyyy)</b><br>02/07/2012  | <b>o. Amount</b><br>\$ 142.76                  |
| <b>4. Total only this Page</b>                                                                                                                  |                                    |                                                                                            |                                                                                                                                                                                    |                                            | \$ 600.00                                      |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1100)                                       |                                    |                                                                                            |                                                                                                                                                                                    |                                            | \$ 2,149.56                                    |
| <b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>                                                                          |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit<br>P* - Reimbursement of In-Kin      O* Other |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |
| * Codes require detailed explanation in required remarks field (m)                                                                              |                                    |                                                                                            |                                                                                                                                                                                    |                                            |                                                |

# Refunds/Reimbursements From the Committee Pg 3 of 3

Amendment *RA*

☒ Yes ☒ No

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

|                                                                                                           |                           |                                                |                                                                       |                                |                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                                                |                                                                       | <b>2. ID Number</b>            |                                   |
| DAVE PLYLER CAMPAIGN COMMITTEE                                                                            |                           |                                                |                                                                       |                                |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                           |                                                |                                                                       |                                |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                                                | <b>d. Type of Committee</b>                                           |                                | <b>g. Comments</b>                |
| DAVID PLYLER<br>211 HARMON LANE<br>KERNERSVILLE, NC 27284                                                 |                           |                                                | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                                |                                   |
|                                                                                                           |                           |                                                | <input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                                |                                   |
|                                                                                                           |                           |                                                | <b>e. Level Registered (Specify)</b>                                  |                                |                                   |
|                                                                                                           |                           |                                                | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |                                | <b>h. Original Receipt Date</b>   |
|                                                                                                           |                           |                                                | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | 03/20/2012                        |
|                                                                                                           |                           |                                                |                                                                       |                                | <b>i. Original Receipt Amount</b> |
|                                                                                                           |                           |                                                |                                                                       |                                | \$ 227.76                         |
| <b>b. Job Title/Profession</b>                                                                            |                           | <b>c. Employer's Name/Specific Field</b>       |                                                                       | <b>f. Purpose Code</b>         |                                   |
|                                                                                                           |                           |                                                |                                                                       | P                              |                                   |
|                                                                                                           |                           |                                                |                                                                       | <b>j. Election Sum to Date</b> |                                   |
|                                                                                                           |                           |                                                |                                                                       | \$ 56.76                       |                                   |
| <b>k. Account Code</b>                                                                                    | <b>l. Form of Payment</b> | <b>m. Required Remarks</b>                     |                                                                       | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                  |
| 1                                                                                                         | Check                     | ACTIVATE DIRECT REIMBURSEMENT - EMAIL SERVICES |                                                                       | 03/20/2012                     | \$ 227.76                         |
| <b>4. Total only this Page</b>                                                                            |                           |                                                |                                                                       |                                | \$ 227.76                         |
| <b>5. Total of ALL CRO-1320 Pages</b><br>(This line must be on line 15 of Detailed Summary Page CRO-1100) |                           |                                                |                                                                       |                                | \$ 2,149.56                       |
| <b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>                                    |                           |                                                |                                                                       |                                |                                   |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit         |                           |                                                |                                                                       |                                |                                   |
| P* - Reimbursement of In-Kin      O* Other                                                                |                           |                                                |                                                                       |                                |                                   |
| * Codes require detailed explanation in required remarks field (m)                                        |                           |                                                |                                                                       |                                |                                   |

CRO-1320

NC State Board of Elections

July 2007

# In-Kind Contributions

Pg 1 of 2

Amendment  
☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |  | <b>2. ID Number</b>                                                                                                                                                                                                                            |  |
| DAVID PLYLER CAMPAIGN COMMITTEE                                                                           |  |                                                                                                                                                                                                                                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |  |
| David Plyler<br>211 Harmon Lane<br>Kernersville, NC 27284                                                 |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |  |
|                                                                                                           |  | Sir Speedy<br>Paid from<br>Personal<br>Account                                                                                                                                                                                                 |  |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |  |
|                                                                                                           |  | \$ 1206.32                                                                                                                                                                                                                                     |  |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    |  |
| Campaign Letters, Envelopes, cards                                                                        |  | 1/13/2012                                                                                                                                                                                                                                      |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
| Campaign Letters, Envelopes, cards                                                                        |  | 2/9/2012                                                                                                                                                                                                                                       |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
|                                                                                                           |  | \$                                                                                                                                                                                                                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |  |
| David Plyler<br>211 Harmon Lane<br>Kernersville, NC 27284                                                 |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |  |
|                                                                                                           |  | Activate Direct<br>Paid from<br>Personal<br>Account                                                                                                                                                                                            |  |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |  |
|                                                                                                           |  | \$ 1206.32                                                                                                                                                                                                                                     |  |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    |  |
| Email Services Agreement & Fee                                                                            |  | 1/15/2012                                                                                                                                                                                                                                      |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
| Email Services Fee                                                                                        |  | 2/21/2012                                                                                                                                                                                                                                      |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
| Email Services Fee                                                                                        |  | 3/14/2012                                                                                                                                                                                                                                      |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
|                                                                                                           |  | \$                                                                                                                                                                                                                                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |  |
| David Plyler<br>211 Harmon Lane<br>Kernersville, NC 27284                                                 |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |  |
|                                                                                                           |  | Activate Direct                                                                                                                                                                                                                                |  |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                                                                                                                                                                                                                 |  |
|                                                                                                           |  | \$ 1206.32                                                                                                                                                                                                                                     |  |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    |  |
| Email Services Fees                                                                                       |  | 3/20/2012                                                                                                                                                                                                                                      |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
|                                                                                                           |  |                                                                                                                                                                                                                                                |  |
|                                                                                                           |  | \$                                                                                                                                                                                                                                             |  |
|                                                                                                           |  | \$                                                                                                                                                                                                                                             |  |
| <b>4. Total only this Page</b>                                                                            |  | \$ 1,162.32                                                                                                                                                                                                                                    |  |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 1,206.32                                                                                                                                                                                                                                    |  |

# In-Kind Contributions

Pg 2 of 2

Amendment

☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>DAVID PLYLER CAMPAIGN COMMITTEE                                                     |  | <b>2. ID Number</b>                                                                                                                                                                                                                                                             |                                                                                                                                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>David Plyler<br>211 Harmon Lane<br>Kernersville, NC 27284 |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | <b>c. Comments</b><br>U.S. Postal<br>Service - Paid<br>from Personal<br>Account<br><b>d. Election Sum to Date</b><br>\$ 1,206.32 |
| <b>e. Description</b><br>Stamps                                                                                                               |  | <b>f. Date (mm/dd/yyyy)</b><br>01/14/2012                                                                                                                                                                                                                                       | <b>g. Fair Market Amount</b><br>\$ 44.00                                                                                         |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                              |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            | <b>c. Comments</b><br><br><b>d. Election Sum to Date</b><br>\$                                                                   |
| <b>e. Description</b>                                                                                                                         |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                                                     | <b>g. Fair Market Amount</b>                                                                                                     |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                              |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            | <b>c. Comments</b><br><br><b>d. Election Sum to Date</b><br>\$                                                                   |
| <b>e. Description</b>                                                                                                                         |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                                                     | <b>g. Fair Market Amount</b>                                                                                                     |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
|                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 | \$                                                                                                                               |
| <b>4. Total only this Page</b>                                                                                                                |  | \$ 44.00                                                                                                                                                                                                                                                                        |                                                                                                                                  |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100)                                     |  | \$ 1,206.32                                                                                                                                                                                                                                                                     |                                                                                                                                  |