Ψ.

Amendment		
□ Yes	X	No

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.

Do not use uns form to update informatio	OII.	
1. Committee Information		
a. Full Name	and the second secon	c. ID Number
TED KAPLAN FOR	COUNTY COMMISS	IDNER 6CQ40Q
o. Mailing Address (include City, State and Zip	Code)	d. Date Filed
1514 CLOVERDALE	AVENUE	1-7-2019
WINSTON- SALEM,	NC 27104	e. Phone Number
1011 B 210 Con 10 1		336-577-9980
2. Report Year 3. Period Start Date (n	nm/dd/yy) 4. Period End Date (mm/d	id/yy) 5. Treasurer Full Name
2018 10-21-18	12-31-18	ERNESTV. LOGEMANN
5. Type of Committee (Check One)	9. Type of Report (check on	ly one type of report from one category)
🔀 Candidate Campaign 🔲 Party	Municipal State/C	
PAC Referendum		ganizational Organizational
Independent Expenditure Distribution Joint Fundrais	ser Thirty-five day Qu Pre-primary	First Final
Legal Expense Fund	Pre-election	Second Supplemental Final
7. Type of Fund (if applicable, check one	a) Pre-runoff	Third Annual
Booster Fund	Semi-annual	Fourth Special
Building Fund	Mid Year Se Year End	mi-annual Mid Year 10. Special Report Name
Other:	Final	Mid Year 10. Special Report Name
8. Number of Fundraisers this Report		nal
-0-		pecial
11. Account Information	11. Account	the state of the
a. Financial Institution Full Name	a. Financial Inst	itution Full Name
BB+T		
b. Purpose c. Accou	int Code b. Purpose	c. Account Code
CAMPAIGN	5451	5
RECSIATS 7	d Begin Balance	d. Period Begin Balance
2.10 11-11-50	2026.79	\$
CERTIFICATION	~~~~	÷
In the comparison of the period of the comparison of the second se	ompliance with all applicable provision	s of Article 22A, 22B & 22D-22M of Chapter 163
		ther non-disclosed funds. I further certify that this
report is complete, true and correct and that	t I have been trained by the NC State B	
ERNEST V. LOGEN	N Z N LOO	1-7-2019
Printed Name of Signer	Signature of Appoint	nam
FOR OFFICE USE ONLY	1,	
Date Received: 11716	Employee:	Delivery Method
Date Postmarked:	Employee:	Registered Mail
Date Scanned:	Employee:	Electronically Filed
Date Data Entered:	Employee:	Signer has not received mandatory training
Please Note: This form cannot be	used to amend committee informat	ion such as the committee address, treasurer,
	er, custodian of books information,	
the second se	ement of Organization (CRO-2100A	
CRO-1000	NC State Board of Elections	August 2008

Detailed Summary Use this form to summarize all disclosure reporting forms and to total mo	netary information	Amendment Yes Mo
1. Committee Full Name (and Fund if applicable)	Report 33	ID Number
TED KAPLAN FOR COUNTY COMISSING CAM		CQ40Q
Start of Election Cycle: January 1, <u>2018</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 12026.79	\$ -0-
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)		\$
6) Contributions from Individuals (CRO-1210)	\$ 1,150.00	\$82,450,00
7) Contributions from Political Party Committees (CRO-1220)		\$ 4.500.00
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 4,500.00 \$ 5,000.00 \$ 34,300.15
9) Loan Proceeds (CRO-1410)	\$ 10,000.00	\$ 34,300,15
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)		\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e	\$ 11,150.00	\$ 126250.15
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 19,749.23	\$ 122, 121.59
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$ 500.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$ 201.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17	\$ 19,749.23	\$ 122822.59
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18	,, = =	\$ 3427.56
ADDITIONALINFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CR0-1330)		-
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		
22) Debts and Obligations owed by the Committee (CRO-1610)		
23) Debts and Obligations owed to the Committee (CR0-1620)		
24) Account Transfers Within the Committee (CRO-1720)		
25) Administrative Support (CR0-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	·	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	<u>\$</u>
28) Contributions to be Refunded(CR0-1215)CR0-1100NC State Board of Election	•	\$August 2008

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Contributions from Individuals Use this form to report individual contributions over \$50	Pg / of) or contributions under \$50 if form	
1. Committee Full Name (and Fund if applicable)		2. ID Number
TED KAPLAN FOR COUNTY 3. Contributor Information	COMMISSIONER Add Remove	6CQ 40Q
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	RETIRED	
RICK CROWDER	c. Employer's Name/Specific Field	
WINSTON - SALEM, NC		
		e. Election Sum to Date
		\$ 50.00
f. Prior g. Account Code h. Form of Payment i. In-Kind D	Description j. Date (mm/dd/	
		\$
		\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	FARMER	
KERRY VENARLE	c. Employer's Name/Specific Field	
6005 REIDSVIlle RD		e. Election Sum to Date
Belews CREEK, NC 27009		\$ 200.00
f. Prior g. Account Code h. Form of Payment i. In-Kind I	Description j. Date (mm/dd/	
	J	\$
		\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	RETIRED	
RICHARD V. BENNETT MARCARETH RENNETT	c. Employer's Name/Specific Field	
37.74 Nottinzhan Road		e. Election Sum to Date
MARGARET H BENNETT 3274 Nottingham ROAD WINSTON-Salen, NC 27104		\$ 400.00
f. Prior g. Account Code h. Form of Payment i. In-Kind I	Description j. Date (mm/dd	and the second sec
		\$
		\$
		\$
4. Total only this Page		\$ 650.00
5. Total of ALL CRO-1210 Pages	00)	\$ 650.00 \$ 1,150.00
(This line must be on line 6 of Detailed Summary Page CRO-110		April 2007

CRO-1210

Use this f	form to report indi-	n Individuals vidual contributions o						No
l. Comn	ittee Full Name (and Fund if applical	ole) Se	ist manufacture and the second	REAL CONTRACTOR	2. D.Nim	ber dan ta ert.	
and a second state of the	and the second	FOR CONNTY				6CQ	40Q	
		n C. Sterre and		فالمستخذب والمستحد والمستعد والمتحال والمتحاكم والمستخلي	يصحدون والاجتداد ويهاجه والاجتماع			
199 - S.	ne, Mailing Address & city, state, & zip)	e Phone	-	b. Job Title/Profession	لمرا ر. 	'd. Comment	\$	
	LAMBETT	14	<u> </u>	RETIRED				
-	VA I. LAN			c. Employer's Name/Sp	ecific Field			
	YORKSHI	_				e, Election S	um to Date	
WIN	STON-SALE	M, NC 2710	6			\$.	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
							\$	1
							\$	
					1		\$	
3. Contr	butor Informatio	nt criter in the		Add	novejz			
	ne, Mailing Address ð	k Phone		b. Job Title/Profession		d. Comment	\$	
(include	city, state, & zip)			4			-	
				c. Employer's Name/Sp	ecific Field			
						- Flortin - O		
							ium to Date	
	··	,				\$	sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd	\$	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j, Date (mm/dd	\$	· ·	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j, Date (mm/dd	\$	k. Amount	
			i. In-F	Kind Description	j, Date (mm/dd	\$	k. Amount S	
	butoralplormatic	ju szarazás kereketetetetetetetetetetetetetetetetete		MAdd Re Re	move	\$ /yyyy)	k. Amount S S S S	
3. Confr a. Full Nas	ibutor, informatic ne, Mailing Address d	ju szarazás kereketetetetetetetetetetetetetetetetete			move	\$	k. Amount S S S S	
Contr a. Full Nau	butoralplormatic	ju szarazás kereketetetetetetetetetetetetetetetetete		MAdd Re Re	move	\$ /yyyy)	k. Amount S S S S	
3. Confr a. Full Nas	ibutor, informatic ne, Mailing Address d	ju szarazás kereketetetetetetetetetetetetetetetetete		MAdd Re Re	move	\$ /yyyy)	k. Amount S S S S	
Contr a. Full Nau	ibutor, informatic ne, Mailing Address d	ju szarazás kereketetetetetetetetetetetetetetetetete		b. Job Title/Profession	move	\$ /yyyy) d. Commen	k. Amount S S S S	
3. Confr a. Full Nas	ibutor, informatic ne, Mailing Address d	ju szarazás kereketetetetetetetetetetetetetetetetete		b. Job Title/Profession	move	\$ /yyyy) d. Commen	k. Amount S S S S	
3. Confr a. Full Nas	ibutor, informatic ne, Mailing Address d	ju szarazás kereketetetetetetetetetetetetetetetetete		b. Job Title/Profession	move	\$ /yyyy) d. Commen e. Election \$ \$	k. Amount S S S S	
a. Full Nan (include	ibutor informatic ne, Mailing Address & city, state, & zip)	01 & Phone		Add Alexandree Add Alexandree Add Alexandree Add Alexandree Addree Addre	move	\$ /yyyy) d. Commen e. Election \$ \$	k. Amount S S S S S S S um to Date	
a. Full Nan (include	ibutor informatic ne, Mailing Address & city, state, & zip)	01 & Phone		Add Alexandree Add Alexandree Add Alexandree Add Alexandree Addree Addre	move	\$ /yyyy) d. Commen e. Election \$ \$	k. Amount S S S S S S S M ts S M to Date k. Amount	
a. Full Nan (include	ibutor informatic ne, Mailing Address & city, state, & zip)	01 & Phone		Add Alexandree Add Alexandree Add Alexandree Add Alexandree Addree Addre	move	\$ /yyyy) d. Commen e. Election 5 5 1/yyyy)	k. Amount S S S S S S S S S S S S S S S S S S S	
f. Prior	ibutor, informatic ne, Mailing Address & city, state, & zip) g: Account Code	01 & Phone	i, In-	Add Alexandree Add Alexandree Add Alexandree Add Alexandree Addree Addre	move	\$ /yyyy) d. Comment e. Election 5 5 1/yyyy)	k. Amount S S S S S S S S S S S S S S S S S S S	

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Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures No No

1. Committee I	full Name (and Fun	d if applicable)				2. ID Number
TED K	APLAN FL	DR COUN	TY	Commis	SSIDNER	6CQ 40Q
3. Type of Dist		use separate Cl	RO-1310	forms for e	ach type of Disb	pursement.)
Operating Exp	the state of the s	tributions to Candid	ates/Politic	THE OWNER WATCHING TO AN ADDRESS OF	And an other Designation of the other Designat	ordinated Party Expenditures
4. Payee Inform				Property and the second second	Remove	
- 이상에는 이상은 상품에서 관계되었	failing Address & Ph	one		b. Coordinate	d Committee Name	e d. Comments BILL BDA & D &
(include city, state		n e canadar				0.00
	STRONALI			c. Level Regis	tered (Specify)	CAMPAISN materials
1125 F	ALL BROOK	LANE		Federal	County:	News MEDIA
LEWISV	ille, NC	27023		State	Municipa	ality: e. Election Sum to Date
~	, , , , , ,	21025				\$ 23,361.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ()	mm/dd/yyyy)	j. Amount	k. Required Remarks
5451	CKS# 1018 1019 CKS# 1020 1022	ABI	11/7/18	11/12/18	\$18,411.73	see d. above
			11/27/		\$	
4. Payee Inform	nation		No. of Concession, Name	No. of Concession, Name of Street, or other	Remove	
and the second s	ling Address & Phone			province of the second second	d Committee Name	e d. Comments
(include city, sta	te, & zip)					
WOOTEN	GRAPHICS			X		
DRAwer	819			C. Level Regis	tered (Specify)	
and the second s	E, NC 27:			State	Municipa	ality: e. Election Sum to Date
VULLET	2, 100 27:	374				\$ QUEDED
						\$ 9450.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
5451	Ck # 1023	0	12/	4/18	\$ 1,337.50	YARD SIGNS + FRAMES
					\$	
4. Payee Inform	mation	North Process of the		Add	Remove	
and the second se	ling Address & Phone		Section and		d Committee Nam	e d. Comments
(include city, sta	ite, & zip)					
					1.00 10 1	
				C. Level Regis	tered (Specify)	2.20.02
				State	and the second se	ality: e. Election Sum to Date
						\$
1 	-					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only th	his Page					\$ 19,749.23
	L CRO-1310 Pages					
ACTIVATION FOR MEANING AND ACTIVATION OF A STATE OF	n line 13a of Detailed Sur	mmary Page CRO-1	100 if Ope	rating Expense	es)	¢ 19 709 5 3
	n line 13b of Detailed Su					\$ 19,749.23
(This line goes i	n line 13c of Detailed Sur	nmary Page CRO-1	100 if Coo	rdinated Party	Expenditures)	
7. Purpose C	Codes (List detailed	l expenditure cod				
A* - Media	B* - Printi	•		undraising		Another Candidate
E - Salaries	F* - Equip			litical Party		Iolding Public Office Expenses
I - Postage O* Other	J - Penalt	ies	N (Office Expen	ises Q [*] • D	Oonation to Legal Expense Fund
	re detailed explanat	tion in required	remark	s field (k)		
CRO-1310				ard of Elections		December 2009

Loan Proceeds

28. L.

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			Am
/		/	
/	10	1	

Pg

Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is formation

A loan proceeds statement must accom 1. Committee Full Name (and Fund	if applicable)	s from an in	urviduar		2. ID Number	
TED KAPLAN FOR	- COUNTY	Comm	SSIDNER		6CQ 40Q	
3. Lender Information		and the second second	Remove		0-41-4	
a. Full Name, Mailing Address & Phone	an a	and the second se	e/Profession		d. Comments	
(include city, state, & zip)		- 00.1				
TED KAPLAN		CANDIDATE			e. Start Date (mm/dd/yyyy)	
		c. Employe	r's Name/Specific H	field	11/1/2018	
				1	f. End Date (mm/dd/yyyy)	
				ſ	NIA	
g. Rate h. Security Pledged	i. Acc	ount Code	j. Form of Paym	ent	k. Amount	
% NIA	2	5452	CHECK		\$10,000.00	
I. Full Name of Lending Institution				$\tau_{\rm e} = 1.6$	m. Loan Number	
NA						
The second se	guarantee the loan.)			THE REAL		
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession	c. Em	ployer's Name/Specific Field	
(include city, state, & zip)		<u>a</u> 49				
		d. Percenta		e. Am		
		d. rercenta			iount	
				% \$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c		c. Em	:. Employer's Name/Specific Field	
(
		d. Percenta	ige	e. Am	ount	
			(% \$		
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession	c. Em	ployer's Name/Specific Field	
(include city, state, & zip)						
				11. 1 mar 1	e. Amount	
				% \$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	Profession	c. Em	ployer's Name/Specific Field	
Annual contraction with the						
		d. Percenta	ige	e. An	nount	
3	2.			% \$		
5. Total of ALL CRO-1410 Pa	ges			87 (S)/19	\$ 10 000 00	
(This line must be on line 9 of Detailed Sum	CONTRACTOR INC. AND ADDRESS OF A DRESS OF A	internationale Internationale			\$ 10,000.00	