AMENDED

Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information

a. Full Name: Committee to Elect Timothy S. Sloan

b. Mailing Address (include City, State and Zip Code): 424 Sloan Ln, Sanford, NC 27330

c. ID Number: 46-4839274

d. Date Filed: 4-23-14

e. Phone Number: 919-258-6489

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	1-01-14	4-28-2014	Cecil C. Cameron

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☒ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☒ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: First Bank

b. Purpose: Deposit and Disburse Campaign Funds

c. Account Code: 1113

d. Period Begin Balance: $ 0

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Cecil C Cameron — Printed Name of Signer

Cecil C Cameron — Signature of Appointed Treasurer

5-12-14 (~~4-23-14~~) — Date

FOR OFFICE USE ONLY

Date Received:	5-12-2014	Employee:	LB
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Timothy S Sloan		46-4839274

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 3100.00	$ 3100.00
6) Contributions from Individuals	(CRO-1210)	$	$
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
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)		$ 3100.00	$ 3100.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 852.54	$ 852.54
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)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 852.54	$ 852.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2247.46	$ 2247.46
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

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Contributions from Individuals

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Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Timothy S Sloan	46.4859274

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Faye C Cameron 3459 Avents Ferry Rd Sanford, NC 27330	Realtor	Self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Fred Von Cannon 404 Petty Rd Sanford, NC 27330	CPA	—		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Alish D Wicker 1201 Burns Dr Sanford NC 27330	Housewife			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

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4. Total only this Page	$ 1100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name and Fund if applicable: Committee to Elect Timothy S Sloan

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): Samuel J. Wornom III, 1520 Tomlin Dr, Sanford, NC 27330

b. Job Title/Profession: Convenience Store

c. Employer's Name/Specific Field: Self

d. Comments:

e. Election Sum to Date: $ 500 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): George R. Perkins, 2415 Brookwood Dr, Sanford, NC 27330

b. Job Title/Profession: Industrialist

c. Employer's Name/Specific Field: Self

d. Comments:

e. Election Sum to Date: $ 500 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): Kirk J. Bradley

b. Job Title/Profession: Investments

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 500 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

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4. Total only this Page $ 1500 00

5. Total of All CRO-1210 Pages (This the number on line 6 of Detailed Summary Page CRO-1200) $ 3100 00

Contributions from Individuals

Pg 3 of 3

Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Timothy S Sloan	H6-4839274

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Donald T. Oldham 2412 Brookwood Trl. Sanford NC 27330 919-776-6821	Road Construction	Sanford Contractor Highway Construction		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3100.00

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Disbursements

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

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Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable): Committee to Elect Timothy S. Sloan

2. ID Number: 46-4859274

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Kathryn S. Wilson, 42 Sloan Ln, Sanford NC 27330, 919-258-6405

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 852.54

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Ck	O	4-16-14	$ 852.54	Pizza, Chips - Handouts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

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5. Total only this Page $ 852.54

6. Total of ALL CRO-1310 Pages $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (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)