

Disclosure Report Cover

COPY

Amendment

☐ Yes ☒ No

Please note that this cover sheet 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 those kinds of committee changes.
Use the Addendum form (CRO-100) if more changes are needed.

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT RICHARD NORMAN	000-000000-0-000
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2071 MALLARD LAKES DRIVE WINSTON-SALEM, NC 27106	12/16/2005
	e. Phone Number
	(336) 499-6290

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2005	10/25/2005	12/31/2005	CARL ALLEN

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
PAYPAL		SUNTRUST	
b. Purpose	c. Code	b. Purpose	c. Code
CAMPAIGN ONLINE DONATIONS	2	CAMPAIGN CHECKING	1
	d. Period Begin Balance		d. Period Begin Balance
	\$ 15.00		\$ 2,917.59

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Carl Allen

Printed Name of Signer

Carl Allen

Signature of Appointed Treasurer

12/16/2005

Date

FOR OFFICE USE ONLY

Date Received: 12-19-05

Employee: Judy Speas

Date Postmarked: 12-16-05

Employee: Judy Speas

Date Scanned: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☒ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Detailed Summary

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN		2005 Final		000-000000-0-000	
Start of Election Cycle: January 1, 2005		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,932.59		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 882.00		\$ 2,723.31	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 6,225.50	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 612.52	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.68	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
12) "Goods and Services" Contributions (CRO-1260)		\$ 0.00		\$ 0.00	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 882.00		\$ 9,562.01	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 3,807.59		\$ 9,319.15	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
14c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 7.00		\$ 242.86	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 3,814.59		\$ 9,562.01	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 0.00		\$ 0.00	
ADDITIONAL INFORMATION					
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)		\$ 76.46			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals Page 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT RICHARD NORMAN	000-000000-0-000

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove		In-Kind	BOE MAILING	12/14/2005	\$ 7.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		10/25/2005	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		10/25/2005	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft		10/31/2005	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft		10/31/2005	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 95.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/27/2005	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 95.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 90.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft		10/31/2005	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/27/2005	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2005	\$ 100.00

4. Total only this Page	\$ 882.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$ 882.00 ✓

CRO-1205

NC State Board of Elections

March 2003

Disbursements

Pg 1 of 3

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN				000-000000-0-000	
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CARL ALLEN 305 GLOUCESTERSHIRE ROAD WINSTON-SALEM, NC 27104 (336) 659-8549					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	PAYMENT FOR SERVICES RENDERED	12/08/2005	\$ 400.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CONSTANTCONTACT 1601 TRAPELO PLACE SUITE 246 WALTHAM, MA 02451 (781) 472-8100					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 140.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Draft	AUG-SEPT-OCT BULK EMAIL	10/31/2005	\$ 110.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
FENSKE MEDIA CORP. PO BOX 245 RAPID CITY, SD 57703					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1,074.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	BULK MAILERS	10/25/2005	\$ 1,074.00	
				\$	
5. Total only this Page				\$ 1,584.00	
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Cand/Pol Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 3,807.59	

Disbursements

Pg 2 of 3

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN				000-000000-0-000	
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
RICHARD NORMAN 2071 MALLARD LAKES DRIVE WINSTON-SALEM, NC 27106 (336) 499-6280					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 88.75
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	PAYMENT FOR SERVICES RENDERED	12/08/2005	\$ 88.75	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PAR THREE BISTRO 3870 BETHANIA-STATION ROAD WINSTON-SALEM, NC 27106					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 560.15
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Debit Card	DEPOSIT FOR VICTORY PARTY	11/07/2005	\$ 400.00	
1	Debit Card	BALANCE ON VICTORY PARTY	11/08/2005	\$ 160.15	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
PAYPAL 2145 HAMILTON AVENUE SAN JOSE, CA 95125					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 38.46
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
2	Draft	PAYPAL SERVICE CHARGE	12/08/2005	\$ 3.54	
				\$	
5. Total only this Page				\$ 652.44 ✓	
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Cand/Pol Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 3,807.59	

Disbursements

Pg 3 of 3

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN				000-000000-0-000	
3. Type of Disbursement <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					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US POSTMASTER 5670 MAIN STREET BETHANIA, NC 27010			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 1,624.32
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Debit Card	EXPRESS MAIL CHECK TO FENSKE	10/28/2005	\$ 13.65	
1	Check	BULK MAILING	10/28/2005	\$ 757.80	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
VICTORYSTORE.COM 5200 SW 30TH STREET DAVENPORT, IA 52802			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 299.70
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Debit Card	AUTO CALL VOTERS	11/07/2005	\$ 299.70	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ADAM WEINBERG 100 TORTIS LANE WINSTON-SALEM, NC 27127			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	Check	PAYMENT FOR SERVICES RENDERED	12/08/2005	\$ 500.00	
				\$	
5. Total only this Page				\$ 1,571.15	
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Cand/Pol Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 3,807.59	

In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN		000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date	
		\$ 39.36	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BOE MAILING		12/14/2005	\$ 7.00
			\$
			\$
4. Total only this Page			\$ 7.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 7.00

CRO-1510

NC State Board of Elections

March 2003

Account Transfers Within the Committee

Page 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT RICHARD NORMAN			000-000000-0-000	
3. Contributor Information				
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input type="checkbox"/> Add	2	1	12/08/2005	\$ 76.46
<input type="checkbox"/> Remove				
4. Total only this Page				\$ 76.46
5. Total of ALL CRO-1720 Pages (This line must be on line 24 of Detailed Summary Page CRO-1100)				\$ 76.46

CRO-1720

NC State Board of Elections

March 2003

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Carl W. Allen
 Committee Committee to Elect Richard Norman
 Address 305 Gloucestershire Avenue
 Winston-Salem, NC 27104

FROM: Campaign Finance Office

REPORT IN QUESTION:
2005 Final Report

DATE: 12/20/2005

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- ☐ The depository information was not listed on the Political Committee Disclosure Report.
- ☐ Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- ☐ Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- ☐ Some or no dates were shown on the reports. A date is required for each entry.
- ☐ Details were not provided for the sums listed on the Detailed Summary Page
- ☐ Method of payment not provided
- ☐ Contributions over \$100 are listed with "cash" being the method of payment.
- ☐ Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- ☐ The ending balance is negative. The Committee cannot operate on a negative balance.

- ☐ Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- ☐ A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- ☐ The purpose of expenditure was not listed on the Itemized Disbursements page.
- ☐ Disbursements for media expenses are paid with cash.
- ☐ Disbursements over \$50 that are not for postage are paid with cash.
- ☐ "Sum to date" information not provided.
- ☐ We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- ☐ No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- ☐ Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____

_____ on _____

_____ on _____

_____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- ☒ OTHER CRO-1000 - Period end date should be listed as the last transaction date. CRO-3400, Certification to Close Committee should be submitted to close the committee as there is a zero balance.

Please send your reply to : Judy J. Speas 201 N. Chestnut Street, Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE: