

# Disclosure Report Cover

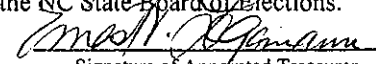
Amendment

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   |   | c. ID Number   |   |
| DEANNA KAPLAN 4 SCHOOL BOARD   |   | BCQ6LQ   |   |
| b. Mailing Address (include City, State and Zip Code)  |   | d. Date Filed  |   |
| P.O. Box 11154<br>WINSTON-SALEM, NC 27116  |   | 10-24-14   |   |
|  |   | e. Phone Number  |   |
|  |   | 336-577-9980   |   |
| 2. Report Year   | 3. Period Start Date (mm/dd/yy)           | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name  |
| 2014   | 7-1-14                                    | 10-18-14   | ERNEST V. LOGEMANN  |
| 6. Type of Committee (Check One)   |   | 9. Type of Report (check only one type of report from one category)                  |   |
| <input checked="" type="checkbox"/> Candidate Campaign   | <input type="checkbox"/> Party            | <input type="checkbox"/> Municipal   | <input type="checkbox"/> State/County                               |
| <input type="checkbox"/> PAC   | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational  | <input type="checkbox"/> Organizational                             |
| <input type="checkbox"/> Independent   | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day   | <input type="checkbox"/> Quarterly                                  |
| <input type="checkbox"/> Expenditure   |   | <input type="checkbox"/> Pre-primary   | <input type="checkbox"/> First                                      |
| <input type="checkbox"/> Legal Expense Fund  |   | <input checked="" type="checkbox"/> Pre-election                                     | <input type="checkbox"/> Second                                     |
| 7. Type of Fund (if applicable, check one)   |   | <input type="checkbox"/> Pre-runoff  | <input checked="" type="checkbox"/> Third                           |
| <input type="checkbox"/> "Booster Fund"  |   | <input type="checkbox"/> Semi-annual   | <input type="checkbox"/> Fourth                                     |
| <input type="checkbox"/> Building Fund   |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual                                |
| <input type="checkbox"/> Other:  |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year                                   |
|  |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End                                   |
|  |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final                                      |
|  |   |  | <input type="checkbox"/> Special                                    |
| 8. Number of Fundraisers this Report   |   | 10. Special Report Name  |   |
|  |   | COPY   |   |
| 11. Account Information  |   | 11. Account Information  |   |
| a. Financial Institution Full Name   |   | a. Financial Institution Full Name   |   |
| BRANCH BANKING + TRUST   |   |  |   |
| b. Purpose   | c. Account Code                           | b. Purpose   | c. Account Code   |
| CANDIDATE RECEIPTS + DISBURSEMENTS   | 5478                                      |  |   |
|  | d. Period Begin Balance                   |  | d. Period Begin Balance   |
|  | \$ 775.00                                 |  | \$  |
| 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. |   |  |   |
| ERNEST V. LOGEMANN   |   |  | 10-23-14  |
| Printed Name of Signer   |   | Signature of Appointed Treasurer   | Date  |
| FOR OFFICE USE ONLY  |   |  |   |
| Date Received:   | _____                                     | Employee:  | _____   |
| Date Postmarked:   | _____                                     | Employee:  | _____   |
| Date Scanned:  | _____                                     | Employee:  | _____   |
| Date Data Entered:   | _____                                     | Employee:  | _____   |
|  |   |  | Delivery Method   |
|  |   |  | <input type="checkbox"/> Normal Mail                                |
|  |   |  | <input type="checkbox"/> Registered Mail                            |
|  |   |  | <input type="checkbox"/> Hand Delivered                             |
|  |   |  | <input type="checkbox"/> Electronically Filed                       |
|  |   |  | <input type="checkbox"/> 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.  |   |  |   |

# Detailed Summary

Amendment  
 Yes  No

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

| 1. Committee Full Name (and Fund if applicable)                              |            | 2. Type of Report           | 3. ID Number              |  |
|--|------------|-----------------------------|---------------------------|--|
| DEANNA KAPLAN 4 SCHOOL BOARD   |            | CAMPAIGN                    | DCQ6LQ                    |  |
| Start of Election Cycle: January 1, _____                                    |            | Total this Reporting Period | Total this Election Cycle |  |
| 4) Cash on Hand at Start   |            | \$ 775.00                   | \$ 1 5                    |  |
| <b>RECEIPTS</b>  |            |                             |                           |  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          | \$                        |  |
| 6) Contributions from Individuals  | (CRO-1210) | \$ 18,274.00                | \$ 19,049.00              |  |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$ 100.00                   | \$ 100.00                 |  |
| 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) | \$                          | \$                        |  |
| 11 e) Exempt Purchase Price Sales  | (CRO-1265) | \$                          | \$                        |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |            | \$ 18,374.00                | \$ 19,149.00              |  |
| <b>EXPENDITURES</b>  |            |                             |                           |  |
| 13) Disbursements  |            |                             |                           |  |
| 13a) Operating Expenditures  | (CRO-1310) | \$ 41.46                    | \$ 41.46                  |  |
| 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)          |            | \$ 41.46                    | \$ 41.46                  |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 19,107.54                | \$ 19,107.54              |  |
| <b>ADDITIONAL INFORMATION</b>  |            |                             |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330) | \$                          |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430) | \$                          |                           |  |
| 22) Debts and Obligations owed By the Committee                              | (CRO-1610) | \$                          |                           |  |
| 23) Debts and Obligations owed To the Committee                              | (CRO-1620) | \$                          |                           |  |
| 24) Account Transfers Within the Committee                                   | (CRO-1720) | \$                          |                           |  |
| 25) Administrative Support   | (CRO-1710) | \$                          | \$                        |  |
| 26) Forgiven Loans   | (CRO-1440) | \$                          | \$                        |  |
| 27) 48-Hour Notice Reports Sum   | (CRO-2200) | \$                          | \$                        |  |
| 28) Contributions to be Refunded   | (CRO-1215) | \$                          | \$                        |  |

# Contributions from Individuals

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>DEANNA KAPLAN 4 SCHOOL BOARD | <b>2. ID Number</b><br>000600 |
|--|-------------------------------|

|   |                 |  |                        |  |                 |
|---|-----------------|--|------------------------|--|-----------------|
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                   |                 |  |                        |  |                 |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>JD + JANIE WILSON<br>1069 E KENT RD<br>WS NC 27104 |                 | b. Job Title/Profession<br>EXECUTIVES                      |                        | d. Comments                            |                 |
|   |                 | c. Employer's Name/Specific Field<br>EXCALIBUR ENTERPRISES |                        | e. Election Sum to Date<br>\$ 2,000.00 |                 |
| f. Prior<br><input type="checkbox"/>  | g. Account Code | h. Form of Payment   | i. In-Kind Description | j. Date (mm/dd/yyyy)                   | k. Amount<br>\$ |
| <input type="checkbox"/>  |                 |  |                        |  | \$              |
| <input type="checkbox"/>  |                 |  |                        |  | \$              |

|   |                 |                                   |                        |                                     |                 |
|---|-----------------|-----------------------------------|------------------------|-------------------------------------|-----------------|
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                                   |                        |                                     |                 |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>ALDONA M. TOWNER                 |                 | b. Job Title/Profession           |                        | d. Comments                         |                 |
|   |                 | c. Employer's Name/Specific Field |                        | e. Election Sum to Date<br>\$ 75.00 |                 |
| f. Prior<br><input type="checkbox"/>  | g. Account Code | h. Form of Payment                | i. In-Kind Description | j. Date (mm/dd/yyyy)                | k. Amount<br>\$ |
| <input type="checkbox"/>  |                 |                                   |                        |                                     | \$              |
| <input type="checkbox"/>  |                 |                                   |                        |                                     | \$              |

|  |                 |                                    |                        |                                      |                 |
|--|-----------------|------------------------------------|------------------------|--------------------------------------|-----------------|
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                      |                 |                                    |                        |                                      |                 |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>LINDA GARROW<br>3910 CAMERILLE FARM RD<br>WS NC 27106 |                 | b. Job Title/Profession<br>RETIRED |                        | d. Comments                          |                 |
|  |                 | c. Employer's Name/Specific Field  |                        | e. Election Sum to Date<br>\$ 250.00 |                 |
| f. Prior<br><input type="checkbox"/>   | g. Account Code | h. Form of Payment                 | i. In-Kind Description | j. Date (mm/dd/yyyy)                 | k. Amount<br>\$ |
| <input type="checkbox"/>   |                 |                                    |                        |                                      | \$              |
| <input type="checkbox"/>   |                 |                                    |                        |                                      | \$              |

|   |              |
|---|--------------|
| <b>4. Total only this Page</b>  | \$ 2,325.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ 18,274.00 |

# Contributions from Individuals

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            |  |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| DEANNA KAPLAN 4 SCHOOL BOARD   |                 |                    |                                   |                      | 0CQ6LQ                  |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| SHELVA W. COOK   |                 |                    |                                   |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 25.00                |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| BERT BENNETT<br>1700 CHICKASHA DR<br>PFAFFTOWN, NC 27040-8211                                      |                 |                    | RETIRED                           |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 250.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| FRANCES PORTER<br>375 ROSLYN RD<br>WS NC 27104   |                 |                    | RETIRED                           |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 1,000.00             |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page  |                 |                    |                                   |                      | \$ 1,275.00             |  |
| 5. Total of ALL CRO 1210 Pages   |                 |                    |                                   |                      | \$ 18,274.00            |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                     |                 |                    |                                   |                      |                         |  |

# Contributions from Individuals

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>     |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                 |                    |                        |                                   |  | QCQ6LQ                  |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| BONNIE STEWART<br>P.O. BOX 339<br>LEWISVILLE, NC 27023  |                 |                    |                        | RETIREO                           |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        |                                   |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 250.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| MR/MRS JIMMY STRICKLAND<br>251 S. PINE VALLEY RD<br>WS NC 27104   |                 |                    |                        | RETIREO                           |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        |                                   |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 250.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| SUSAN BURLISON<br>4860 CURRY RD<br>KERNERSVILLE, NC 27284   |                 |                    |                        | CO-OWNER                          |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        |                                   |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 100.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <b>4. Total only this Page</b>  |                 |                    |                        |                                   |  | \$ 600.00               |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                 |                    |                        |                                   |  | \$ 18,274.00            |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                 |                    |                        |                                   |  |                         |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | QCQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MICHAEL + SUSAN NADER<br>3037 PANTHER RIDGE LN<br>LEWISVILLE, NC 27023                                    |                        |                           |                               | PROFESSOR/RESEARCH                       |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | WF SCHOOL MEDICINE                       |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MR+MRS TIM COOPER<br>342 ARBOR RD<br>WS NC 27104-1512   |                        |                           |                               | OWNER                                    |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | GIGI'S COUPAKES                          |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| KIM + RENT MASICH<br>704 CHIPPEN HALL CT<br>WS 27104-1358   |                        |                           |                               | REAL ESTATE APPRAISOR                    |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | SELF-EMPLOYED                            |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 550.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |

**Contributions from Individuals**

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> |                  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |                             | 0LR6LR              |                  |
| <b>3. Contributor Information</b> <input checked="" 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>  |                  |
| KATHY + BOB TEASDALL<br>2732 FORREST DRIVE<br>WS NC 27104   |                        |                           |                               | PHYSICIANS                               |                             |                     |                  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                             |                     |                  |
|   |                        |                           |                               | ORTHO PAEDICS                            |                             |                     |                  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <b>3. Contributor Information</b> <input checked="" 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 + PAM HUNT<br>385 PLYMOUTH AVE<br>WS NC 27104  |                        |                           |                               | DIRECTOR DENTAL CE                       |                             |                     |                  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                             |                     |                  |
|   |                        |                           |                               | WF SCHOOL OF MEDICINE                    |                             |                     |                  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>  |                  |
| LISA ANN SIMPSON<br>412 N. HAWTHORNE RD<br>WS NC 27104  |                        |                           |                               | INTERIOR DESIGN                          |                             |                     |                  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                             |                     |                  |
|   |                        |                           |                               | WALTER ROBBS<br>CALLAHAN                 |                             |                     |                  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                     | \$               |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                             | \$ 800.00           |                  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |                             | \$ 18,274.00        |                  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)   |                        |                           |                               |  |                             |                     |                  |

# Contributions from Individuals

Pg 6 of 26 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            |           |
|--|-----------------|--------------------|-----------------------------------|-------------------------|-----------|
| DEANNA KAPLAN 4 SCHOOL BOARD   |                 |                    |                                   | 000600                  |           |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           | d. Comments             |           |
| GRAY DON PLEASANTS/<br>MARGARET SCALES<br>1800 Greenbrier Rd<br>WS NC 27104                        |                 |                    |                                   |                         |           |
|  |                 |                    | c. Employer's Name/Specific Field |                         |           |
|  |                 |                    |                                   | e. Election Sum to Date |           |
|  |                 |                    |                                   | \$ 50.00                |           |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy)    | k. Amount |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           | d. Comments             |           |
| SARA LEE MOTEW<br>1040 WEATHER FORD TRAIL<br>LEWISVILLE, NC 27023                                  |                 |                    | PHYSICIAN ASST                    |                         |           |
|  |                 |                    | c. Employer's Name/Specific Field |                         |           |
|  |                 |                    | NEW ANT HEALTH<br>WOUND CARE CNTR | e. Election Sum to Date |           |
|  |                 |                    |                                   | \$ 250.00               |           |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy)    | k. Amount |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           | d. Comments             |           |
| CAL + MARY RATCLIFF<br>402 N STRATFORD RD<br>WS NC 27104   |                 |                    | BANKER                            |                         |           |
|  |                 |                    | c. Employer's Name/Specific Field |                         |           |
|  |                 |                    | BANK of NC                        | e. Election Sum to Date |           |
|  |                 |                    |                                   | \$ 100.00               |           |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy)    | k. Amount |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| <input type="checkbox"/>   |                 |                    |                                   |                         | \$        |
| 4. Total only this Page  |                 |                    |                                   | \$ 400.00               |           |
| 5. Total of ALL CRO-1210 Pages   |                 |                    |                                   | \$ 18,274.00            |           |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                     |                 |                    |                                   |                         |           |



# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MEGAN + TOM LAWSON<br>250 STANA FORD RD<br>WSNC 27104   |                        |                           |                               | BANKER/Teacher                           |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| ANDREA ELLER<br>808 N. PINE VALLEY RD<br>WS NC 27104  |                        |                           |                               | REGISTERED NURSE                         |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | NOVANT HEALTH                            |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| EC HANES<br>P.O. BOX 125<br>Pittsboro, NC 27040   |                        |                           |                               | WRITER                                   |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Self-employed                            |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 650.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |   |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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 BRENNER<br>464 SHEFFIELD DRIVE<br>WS NC 27104   |                        |                           |                               | President   |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                        |  |                                |  |
|   |                        |                           |                               | Amarr Garage<br>DOORS   |  | <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"/>  |                        |                           |                               |   |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |   |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |   |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| D.R. FRAZIER JR<br>1405 LYNDAHAST DRIVE<br>HIGH POINT NC 27262  |                        |                           |                               | 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"/>  |                        |                           |                               |   |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |   |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |   |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| DRS JUDY + VICTOR SEAN<br>160 WING HAVEN CIRCLE<br>WS NC 27106  |                        |                           |                               | Physicians  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                        |  |                                |  |
|   |                        |                           |                               | PIEDMONT RADIATION<br>ONCOLOGY/<br>DIGEST HEALTH<br>SPECIALISTS |  | <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"/>  |                        |                           |                               |   |  | \$                             |  |
| <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>   |                        |                           |                               |   |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |   |  |                                |  |

# Contributions from Individuals

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>            |                  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |                             | 0CQ6LQ                         |                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| SARA LONG SPENCER<br>419 ROSLYN RD<br>WS NC 27104   |                        |                           |                               | 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"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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. HODNALL CHRISTOPHER<br>2837 REYNOLDS RD<br>WS NC 27104   |                        |                           |                               | Retired                                  |                             |                                |                  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |                               |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |                               |  |                             | \$ 300.00                      |                  |
| <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"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" 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>             |                  |
| PAT + HAL BROWN<br>1 PARK VISTA LAKE STE 710<br>WS NC 27101   |                        |                           |                               | 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"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |                               |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                             | \$ 500.00                      |                  |
| <b>5. Total of ALL CRO 1210 Pages</b>   |                        |                           |                               |  |                             | \$ 18,274.00                   |                  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |                             |                                |                  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 020620                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| HAPPY MARTIN WILLIS<br>3735 SARDINA TRAIL<br>PFAFFTOWN, NC 27040  |                        |                           |                               | INTERIOR DESIGN                          |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| RAY + SUSANNA Dyer<br>1116 GLOUSMAN RD<br>WS NC 27104   |                        |                           |                               | PHYSICIAN                                |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | WFU SCHOOL of MEDICINE                   |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| JANE + BOB CASSITER<br>21 GRAYLN PLACE<br>WS NC 27104   |                        |                           |                               | RETIRED                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| JIM + JOHNE ARMENTROUT<br>3822 RYAN WAY<br>WS NC 27106  |                        |                           |                               | 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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MAXWELL + JULIE TAYLOR<br>826 ROSLYN RD<br>WS NC 27104  |                        |                           |                               | VP Sales                                 |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | CAROLINA ENVIRONMENTAL SYSTEMS           |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MARIO ALESSIO<br>3001 PANTHER RIDGE LN<br>LEWISVILLE, NC 27023  |                        |                           |                               | EMPLOYEE                                 |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | MARIO'S PIZZA                            |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 450.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |                  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| FRANCIS WALKER MD<br>Debra Lin MD<br>1890 RANNYMEADE RD<br>WS NC 27104-3110   |                        |                           |                               | PHYSICIANS                               |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               | TRIAS DERMATOLOGY                        |                  |                                |  |
|   |                        |                           |                               |  |                  | <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"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| TIM + PENNY WHITENER<br>1205 BRENDINGTON PL RD<br>WS NC 27104   |                        |                           |                               | 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"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| SALLY R. McLeod<br>1117 STANISH CT<br>WS NC 27105   |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  | \$               |                                |  |
| <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><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |                  | \$ 18,274.00                   |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| STAN + ELIZABETH KELLY<br>932 Kenleigh Circle<br>WS NC 27106  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| KAREN CIEWER<br>509 PORTER COURT<br>KERNERSVILLE, NC 27284  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| LAURA GENTRY<br>8970 LONG SHADOW TRACE<br>LEWISVILLE, NC 27023  |                        |                           |                               | HOUSEWIFE                                |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 200.00                      |  |
| <b>5. Total of ALL CRO 1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |  | \$ 18,274.00                   |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| GOLDEN + MADELINE SHEERAN<br>292 Potters Ridge DR<br>Mocksville, NC 27028                                 |                        |                           |                               | OWNER                                    |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | AEROS, INC.                              |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| SAMMY + PENNY ROTH ROCK<br>1915 VIRGINIA RD<br>WS NC 27104  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| DEROAH CASSTEVENA<br>251 Halcyon AVE<br>WS NC 27104   |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 75.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 675.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |



**Contributions from Individuals**

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| M/M BRIAN DAVIS<br>221 PLYMOUTH AVE<br>WS NC 27104  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| LAURA DEW<br>215 PINE VALLEY RD<br>WS NC 27104  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| Gagle Meredith<br>704 Glen Echo TRAIL<br>WS NC 27106  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 200.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |  | \$ 18,274.00                   |  |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | QCQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| LYNN B. EISENBERG<br>201 S. PINE VALLEY RD<br>WS NC 27104   |                        |                           |                               | 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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| VENCENZO ALESSIO<br>3000 PANTHER RIDGE LANE<br>LEWISVILLE, NC 27023                                       |                        |                           |                               | OWNER                                    |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| SARAH VADE RHODES<br>365 ARDEN RD<br>WS NC 27104  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 75.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 1,675.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |  |  |                                |  |

**Contributions from Individuals**

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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 + LIZ ALBEATSON<br>4541 CHINABERRY LN<br>WS NC 27106  |                        |                           |                               | RETIRED                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | SWGEON/urology                           |  |                                |  |
|   |                        |                           |                               |  |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| ELIZABETH LOWDER<br>1100 GLOUSMAN RD<br>WS NC 27104   |                        |                           |                               | HOUSEWIFE                                |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| JOAN GREASON<br>745 ARBOR RD<br>WS NC 27104   |                        |                           |                               | HOMEMAKER                                |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 450.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |  | \$ 18,274.00                   |  |

# Contributions from Individuals

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> |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | 0CQ6LQ              |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| KENT Carolyn Carpenter<br>3065 PANTHER RIDGE LN<br>LEWISVILLE, NC 27023   |                        |                           |                               | 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"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| CHRISTINE + JOE KISSICK<br>2848 Bartram Rd<br>WS NC 27106   |                        |                           |                               | OWNER                                    |  |                     |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>3. Contributor Information</b> <input checked="" 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>  |  |
| Courtney Slawter<br>189 Westhaven Circle<br>WS NC 27104   |                        |                           |                               | Real Estate                              |  |                     |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                  |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 450.00           |  |
| <b>5. Total of ALL CRO 1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |  | \$ 18,274.00        |  |

# Contributions from Individuals

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> |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |  |                             |                                | 0206602             |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| Kyle Armentrout<br>1021 Cross Gate Rd<br>WS NC 27106  |                        |                           |  |                             |                                |                     |
|   |                        |                           |  |                             |                                |                     |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           |  |                             | \$ 75.00                       |                     |
| <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| Marie Arcuri<br>400 Roslyn Rd<br>WS NC 27104  |                        |                           | AUTOMOTIVE                               |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|   |                        |                           | FLOW LEXUS                               |                             | <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| JOAN C. Whitaker<br>19 Graylyn Place Ct<br>WS NC 27106  |                        |                           | EXECUTIVE                                |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|   |                        |                           | INV                                      |                             | <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>4. Total Only this Page</b>  |                        |                           |  |                             | \$ 1575.00                     |                     |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |  |                             | \$ 18,274.00                   |                     |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |  |                             |                                |                     |

# Contributions from Individuals

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> |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |  |                             |                                | QCQ6LQ              |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| MIKE + SHANNON CHANG<br>777 ARBOR RD<br>WS NC 27104   |                        |                           |  |                             |                                |                     |
|   |                        |                           | <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| KATHY + HILL STOCKTON<br>1205 OAK SPRING CT<br>WS NC 27104  |                        |                           | Director Develop                         |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|   |                        |                           | FORSYTH COUNTY<br>DS                     |                             |                                |                     |
|   |                        |                           |  |                             | <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| SHANNON G. HANSON<br>2659 Robinhood RD<br>WS NC 27106   |                        |                           |  |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           |  |                             | \$ 99.00                       |                     |
| <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"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 449.00                      |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |  |                             | \$ 18,274.00                   |                     |

# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | QLQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| Phillip + Ginny Thomas<br>520 Buckingham Rd<br>WS NC 27104  |                        |                           |                               | STOCK BROKER                             |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Deutsche Bank                            |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| HAL KAPLAN<br>P.O. Box 609<br>Lewisville, NC 27023  |                        |                           |                               | EXECUTIVE                                |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | KAPLAN'S                                 |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 750.00                      |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| MATTHEW MOCORON<br>1310 Lewisville Clemmons Rd<br>Lewisville, NC 27023                                    |                        |                           |                               | EXECUTIVE                                |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | KAPLAN COMPANIES                         |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 1,200.00                    |  |
| <b>5. Total on ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-110)</small>                             |                        |                           |                               |  |  |                                |  |

# Contributions from Individuals

Pg 22 of 26 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            |  |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| DEANNA KAPLAN 4 SCHOOL BOARD   |                 |                    |                                   |                      | 0CQ6LQ                  |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| JAMES A. Gallaher<br>1001 Greenhurst RD<br>WS NC 27104   |                 |                    | ATTORNEY                          |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|  |                 |                    | WELLS FARGO                       |                      | \$ 100.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| WILLIAM + ELIZABETH DAVIS<br>2577 Club Park RD<br>WS NC 27104                                      |                 |                    | RETIRED                           |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| THOMAS L. Teague<br>P.O. Box 24788<br>WS NC 27114-4788   |                 |                    | President                         |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|  |                 |                    | Salem LSG Group                   |                      | \$ 500.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 4. Total on this Page  |                 |                    |                                   |                      | \$ 700.00               |  |
| 5. Total on all CRO-1205 Pages   |                 |                    |                                   |                      | \$ 18,274.00            |  |



# Contributions from Individuals

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>            |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |                               |  |  | QLQ6LQ                         |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| J. B. ROUZIE<br>804 KENWICK DRIVE<br>WS NC 27106  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               |  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 50.00                       |  |
| <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| Rence + Barbara Callahan<br>1228 Glade ST<br>WS NC 27101  |                        |                           |                               | ARCHITECT                                |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Walter Robbs                             |  | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" 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>             |  |
| ARNOLD BELVIN<br>4639 Paula DRIVE<br>WS NC 27127  |                        |                           |                               |  |  |                                |  |
|   |                        |                           |                               | <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"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 250.00                      |  |
| <b>5. Total of All CRO-1101 Pages</b>   |                        |                           |                               |  |  | \$ 18,274.00                   |  |

# Contributions from Individuals

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            |  |
|--|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------|--|
| DEANNA KAPLAN 4 SCHOOL BOARD   |                 |                    |                        |                                   |           | QCQ6LQ                  |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| W. Noah Reynolds<br>P.O. Box 25367<br>WS NC 27114  |                 |                    |                        | Consultant                        |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|  |                 |                    |                        | SELF EMPLOYED                     |           |                         |  |
|  |                 |                    |                        |                                   |           | 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 |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| JIM RUFFIN<br>2871 Galsworthy Dr<br>WS NC 27106  |                 |                    |                        | Retired                           |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|  |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|  |                 |                    |                        |                                   |           | \$ 100.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| TOM LAMBETH<br>700 YORKSHIRE RD<br>WS NC 27106   |                 |                    |                        | Senior Fellow                     |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|  |                 |                    |                        | Z SMITH REYNOLDS<br>Foundation    |           |                         |  |
|  |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|  |                 |                    |                        |                                   |           | \$ 100.00               |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total on this Page  |                 |                    |                        |                                   |           | \$ 700.00               |  |
| 5. Total of ALL CRO-1210 Pages   |                 |                    |                        |                                   |           | \$ 18,274.00            |  |
| <small>(This line must be on line 6 of Detail Summary for CRO-1210)</small>                        |                 |                    |                        |                                   |           |                         |  |

# Contributions from Individuals

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**

DEANNA KAPLAN 4 SCHOOL BOARD

0CQ6LQ

**3. Contributor Information**  Add  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>             |
| J. Kirk GLENN JR<br>P.O. Box 2736<br>WSNC 27012                                  |  | RETIRED                                  |                                |
|  |  | <b>c. Employer's Name/Specific Field</b> |                                |
|  |  |  | <b>e. Election Sum to Date</b> |
|  |  |  | \$ 500.00                      |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

**3. Contributor Information**  Add  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>             |
| Mary CRAIG TENNILLE  |  |  |                                |
|  |  | <b>c. Employer's Name/Specific Field</b> |                                |
|  |  |  | <b>e. Election Sum to Date</b> |
|  |  |  | \$ 50.00                       |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

**3. Contributor Information**  Add  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>             |
| Carolyn RONAN  |  |  |                                |
|  |  | <b>c. Employer's Name/Specific Field</b> |                                |
|  |  |  | <b>e. Election Sum to Date</b> |
|  |  |  | \$ 100.00                      |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

**4. Total only this Page** \$ 650.00

**5. Total of ALL CRO-1210 Pages** \$ 18,274.00

(This line must be on line 6 of Detailed Summary Page CRO-1205)

# Contributions from Individuals

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> |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                        |                           |  |  |                                | QCQ6LQ              |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
| JEAN WANGM<br>4030 SHATTALON DR<br>WS NC 27106-3530   |                        |                           | HOUSEWIFE                                |  |                                |                     |
|   |                        |                           | <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"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
|   |                        |                           |  |  |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                     |
|   |                        |                           |  |  | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           |  |  | \$                             |                     |
| <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"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <b>3. Contributor Information</b> <input checked="" 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>             |                     |
|   |                        |                           |  |  |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                     |
|   |                        |                           |  |  | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           |  |  | \$                             |                     |
| <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"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <input type="checkbox"/>  |                        |                           |  |  |                                | \$                  |
| <b>4. Total only this Page</b>  |                        |                           |  |  |                                | \$ 500.00           |
| <b>5. Total of ALL CRO 1210 Pages</b>   |                        |                           |  |  |                                | \$ 18,274.00        |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |  |  |                                |                     |

# Contributions from Political Party Committees

Use this form to report contributions from a political party

|   |                    |                        |                         |           |                         |                     |  |
|---|--------------------|------------------------|-------------------------|-----------|-------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                    |                        |                         |           |                         | <b>2. ID Number</b> |  |
| DEANNA KAPLAN 4 SCHOOL BOARD  |                    |                        |                         |           |                         | BCR6LR              |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                    |                        |                         |           |                         |                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                        |                         |           | b. Comments             |                     |  |
| DEMOCRATIC WOMEN OF FORSYTH<br>1516 PLEASANT ST<br>WS NC 27107  |                    |                        |                         |           |                         |                     |  |
|   |                    |                        |                         |           | c. Election Sum to Date |                     |  |
|   |                    |                        |                         |           | \$ 100.00               |                     |  |
| d. Account Code   | e. Form of Payment | f. In-Kind Description | g. Date<br>(mm/dd/yyyy) | h. Amount |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                    |                        |                         |           |                         |                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                        |                         |           | b. Comments             |                     |  |
|   |                    |                        |                         |           |                         |                     |  |
|   |                    |                        |                         |           | c. Election Sum to Date |                     |  |
|   |                    |                        |                         |           | \$                      |                     |  |
| d. Account Code   | e. Form of Payment | f. In-Kind Description | g. Date<br>(mm/dd/yyyy) | h. Amount |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                    |                        |                         |           |                         |                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                        |                         |           | b. Comments             |                     |  |
|   |                    |                        |                         |           |                         |                     |  |
|   |                    |                        |                         |           | c. Election Sum to Date |                     |  |
|   |                    |                        |                         |           | \$                      |                     |  |
| d. Account Code   | e. Form of Payment | f. In-Kind Description | g. Date<br>(mm/dd/yyyy) | h. Amount |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
|   |                    |                        |                         | \$        |                         |                     |  |
| <b>4. Total only this Page</b>  |                    |                        |                         |           |                         | \$ 100.00           |  |
| <b>5. Total of ALL CRO-1220 Pages</b><br><small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small> |                    |                        |                         |           |                         | \$ 100.00           |  |

# Disbursements

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>  |                           |   |                             |   |                            | <b>2. ID Number</b>                 |  |
| DEANNA KAPLAN 4 SCHOOL BOARDS   |                           |   |                             |   |                            | BCQ6LQ                              |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>            |                           |   |                             |   |                            |                                     |  |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |   |                             |   |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>  |                            | <b>d. Comments</b>                  |  |
| BB+T WS NC<br>PAY PAL Fees  |                           |   |                             |   |                            |                                     |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>  |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 4.95                             |  |
| <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> |                                     |  |
| 5478  | Debit                     | K   | 8/18/14                     | \$ 4.95   | PAYPAL Fees                |                                     |  |
|   |                           |   |                             | \$  |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |   |                             |   |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>  |                            | <b>d. Comments</b>                  |  |
| BB+T WS NC<br>DEPOSIT TICKETS<br>(HARLAND Checks)   |                           |   |                             |   |                            |                                     |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>  |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 36.51                            |  |
| <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> |                                     |  |
| 5478  | Debit                     | K   | 8/20/14                     | \$ 36.51  | DEPOSIT TICKETS            |                                     |  |
|   |                           |   |                             | \$  |                            |                                     |  |
| <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)                              |                           |   |                             | <b>b. Coordinated Committee Name</b>  |                            | <b>d. Comments</b>                  |  |
|   |                           |   |                             |   |                            |                                     |  |
|   |                           |   |                             | <b>c. Level Registered (Specify)</b>  |                            | <b>e. Election Sum to Date</b>      |  |
|   |                           |   |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                            | \$                                  |  |
| <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> |                                     |  |
|   |                           |   |                             | \$  |                            |                                     |  |
|   |                           |   |                             | \$  |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |   |                             |   |                            | \$ 41.46                            |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |   |                            | \$ 41.46                            |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>                   |                           |   |                             |   |                            |                                     |  |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> |                           |   |                             |   |                            |                                     |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>       |                           |   |                             |   |                            |                                     |  |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>  |                           |   |                             |   |                            |                                     |  |
| 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)  |                           |   |                             |   |                            |                                     |  |