

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NANCY MCFARLANE COMMITTEE							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GOOGLE, INC. DEPT #33654 P O BOX 39000 SAN FRANCISCO, CA 94139				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 9,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	09/28/2011	\$ 1,000.00	ONLINE		
1	Debit Card	AO	10/03/2011	\$ 2,000.00	ADVERTISEMENTS ONLINE		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GOOGLE, INC. DEPT #33654 P O BOX 39000 SAN FRANCISCO, CA 94139				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 9,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	AO	10/06/2011	\$ 3,000.00	ONLINE		
1	Debit Card	AO	10/11/2011	\$ 2,500.00	ADVERTISEMENT ONLINE		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
INDEPENDENT WEEKLY P O BOX 2690 DURHAM, NC 27715				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 765.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	09/29/2011	\$ 765.00	ADVERTISEMENT		
				\$			

5. Total only this Page						\$ 9,265.00	
6. Total of ALL CRO-1310 Pages						\$ 105,515.66	
<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>							

7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NANCY MCFARLANE COMMITTEE							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MRPP 201 W CHATHAM ST SUITE 202 CARY, NC 27511							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 86,354.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	09/27/2011	\$ 10,117.50	TWC ADVERTISEMENTS		
1	Check	A	10/04/2011	\$ 11,875.00	TWC ADVERTISEMENTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MRPP 201 W CHATHAM ST SUITE 202 CARY, NC 27511							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 86,354.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/05/2011	\$ 10,842.35	TWC ADVERTISEMENTS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 8111 CREEDMOOR RD RALEIGH, NC 27613							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 183.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	10/11/2011	\$ 53.36	OFFICE SUPPLIES		
				\$			
5. Total only this Page						\$ 32,888.21	
6. Total of ALL CRO-1310 Pages						\$ 105,515.66	
<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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NANCY MCFARLANE COMMITTEE							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PUBLIC POLICY POLLING 3020 HIGHWOODS BLVD RALEIGH, NC 27604							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,114.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	10/05/2011	\$ 2,000.00	POLLING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SANE & ASSOCIATES 13178 ENGLAND ST OVERLAND PARK, KS 66213							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 11,722.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/30/2011	\$ 3,000.00	CAMPAIGN MGMT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE CAMPAIGN NETWORK 140 BAYSWATER ST BOSTON, MA 02128							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 695.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
i	Check	O	09/29/2011	\$ 398.76	EMAIL SERVICES		
				\$			
5. Total only this Page						\$ 5,398.76	
6. Total of ALL CRO-1310 Pages						\$ 105,515.66	
<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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable) NANCY MCFARLANE COMMITTEE	2. ID Number
---	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) THEO DAVIS SONS INC P O BOX 277 ZEBULON, NC 27597	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 31,635.06

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	1	09/27/2011	\$ 5,233.45	
1	Check	1	09/29/2011	\$ 10,466.90	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) TIME WARNER CABLE P O BOX 70873 CHARLOTTE, NC 28272	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 660.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/20/2011	\$ 122.41	TELEPHONE, INTERNET & CABLE
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WHITE & SATTERFIELD, INC. 3228 SUSSEX RD RALEIGH, NC 27607 (919) 420-0433	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 53,142.67

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	09/30/2011	\$ 3,000.00	CREATIVE SERVICES
1	Check	A	10/10/2011	\$ 25,632.43	TV PRODUCTION, POSTCARDS

5. Total only this Page \$ 44,455.19

6. Total of ALL CRO-1310 Pages
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 105,515.66

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field(k)

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NANCY MCFARLANE COMMITTEE							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PERRY WOODS 1005 HARP STREET RALEIGH, NC 27610 (919) 828-7076				c. Level Registered (Specify)		e. Election Sum to Date \$ 12,500.00	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
i	Check	O	09/30/2011	\$ 2,500.00	OCTOBER RETAINER		
				\$			
5. Total only this Page						\$ 2,500.00	
6. Total of ALL CRO-1310 Pages						\$ 105,515.66	
<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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising		D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donation to Legal Expense Fund			
O* Other							
* Codes require detailed explanation in required remarks field (k)							

CRO-1310

Aggregated Non-Media Expenditures

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

NANCY MCFARLANE COMMITTEE		
---------------------------	--	--

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	1	Draft	O	09/27/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	09/27/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	09/27/2011	\$ 7.55	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	09/27/2011	\$ 0.74	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	09/29/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	09/29/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	09/29/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	09/29/2011	\$ 4.65	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	09/29/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/01/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	10/01/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/01/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	10/03/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/03/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	10/03/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/04/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	10/04/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/09/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Add	1	Draft	O	10/09/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Remove	1	Draft	O	10/09/2011	\$ 3.20	TRANSACTION FEE

4. Total only this Page	\$ 56.49
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 92.33

B* - Printing	D - To Another Candidate
E - Salaries	H* - Holding Public Office Expenses
F - Postage	I - Penalties
G - Political Party	J - Penalties
K - Office Expenses	Q* - Donations to Legal Expense Fund
O* - Other	

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

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

NANCY MCFARLANE COMMITTEE

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/10/2011	\$ 0.59	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/10/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/10/2011	\$ 7.55	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/13/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/13/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/13/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/12/2011	\$ 12.00	SERVICE CHARGES

4. Total only this Page

\$ 35.84

5. Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

\$ 92.33

B* - Printing	D - To Another Candidate
E - Salaries	G - Political Party
J - Penalties	Q* - Donations to Legal Expense Fund
O* - Other	

* Codes require detailed explanation in required remarks field (g)

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) NANCY MCFARLANE COMMITTEE	2. ID Number
---	---------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES W KELLENBERGER 610 S BOYLAN AVE RALEIGH, NC 27603	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 400.00
e. Description FOOD & DRINKS FOR FUNDRAISER	f. Date (mm/dd/yyyy) 10/02/2011	g. Fair Market Amount \$ 150.00
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) LESLIE KELLENBERGER 610 S BOYLAN AVE RALEIGH, NC 27603	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 450.00
e. Description FOOD & DRINKS FOR FUNDRAISER	f. Date (mm/dd/yyyy) 10/02/2011	g. Fair Market Amount \$ 150.00
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 42,975.59
e. Description OFFICE SUPPLIES	f. Date (mm/dd/yyyy) 09/27/2011	g. Fair Market Amount \$ 76.85
FOOD & DRINKS FOR CAMPAIGN OFFICE	10/10/2011	\$ 114.08
OFFICE RENTAL ALARM SERVICES	10/15/2011	\$ 32.99

4. Total only this Page	\$ 523.92
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 9,059.12

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) NANCY MCFARLANE COMMITTEE	2. ID Number
---	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 42,975.59

c. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
BULK EMAIL SERVICES	10/15/2011	\$ 40.00
OFFICE SUPPLIES	10/15/2011	\$ 100.07
FOOD & DRINKS FOR M&G	10/15/2011	\$ 177.79

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 42,975.59

c. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FACEBOOK ADVERTISEMENTS	10/15/2011	\$ 268.95
MMI PUBLIC RELATIONS SERVICES	10/15/2011	\$ 2,500.00
OFFICE RENTAL	10/15/2011	\$ 2,625.08

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) RON MCFARLANE 8016 SELFRIDGE CT RALEIGH, NC 27615	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 1,473.31

c. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR ELECTION NIGHT CELEBRATION	10/15/2011	\$ 1,473.31
		\$
		\$

4. Total only this Page	\$ 7,185.20
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 9,059.12

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NANCY MCFARLANE COMMITTEE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LEE TRIPI 6801 JUSTINCE DR RALEIGH, NC 27615		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1,600.00
c. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M&G		10/13/2011	\$ 1,350.00
			\$
			\$
4. Total only this Page			\$ 1,350.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 9,059.12

CRO-1510

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
NANCY MCFARLANE COMMITTEE				
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		MEDPRO RX	06/30/2011	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 20,000.00		\$ 20,000.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		MEDPRO RX	08/05/2011	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 50,000.00		\$ 50,000.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		MEDPRO RX	09/20/2011	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 25,000.00		\$ 25,000.00
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 95,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				\$ 205,000.00

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) NANCY MCFARLANE COMMITTEE			2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		e. Start Date (mm/dd/yyyy) 09/27/2011
		c. Employer's Name/Specific Field MEDPRO RX		
		g. Rate %		h. Security Pledged
k. Full Name of Lending Institution			l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		e. Start Date (mm/dd/yyyy) 10/03/2011
		c. Employer's Name/Specific Field MEDPRO RX		
		g. Rate %		h. Security Pledged
k. Full Name of Lending Institution			l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT		e. Start Date (mm/dd/yyyy) 10/04/2011
		c. Employer's Name/Specific Field MEDPRO RX		
		g. Rate %		h. Security Pledged
k. Full Name of Lending Institution			l. Loan Number	
4. Total only this Page				\$ 110,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 205,000.00

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Nancy McFarlane Committee
Person lending money to committee (Lender):	Nancy McFarlane
Date of loan to committee:	10/04/2011
Name of lending institution and account number (source):	N/A
Amount of loan:	\$10,000.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, Nancy McFarlane
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Nancy McFarlane

Signature of Lender

[Signature]

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Nancy McFarlane Committee
Person lending money to committee (Lender):	Nancy McFarlane
Date of loan to committee:	10/03/2011
Name of lending institution and account number (source):	N/A
Amount of loan:	\$50,000.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, Nancy McFarlane acknowledge that all of the
(Person lending money to committee)

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Nancy McFarlane

 Signature of Lender

[Signature]

 Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Nancy McFarlane Committee
Person lending money to committee (Lender):	Nancy McFarlane
Date of loan to committee:	09/27/2011
Name of lending institution and account number (source):	N/A
Amount of loan:	\$50,000.00
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, Nancy McFarlane acknowledge that all of the
(Person lending money to committee)
 Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Nancy McFarlane
 Signature of Lender

[Signature]
 Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.