

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	09/05/2011	\$ 1.32	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/05/2011	\$ 4.65	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/07/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/07/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/07/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/07/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/10/2011	\$ 2.48	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/15/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 1.17	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 7.55	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/19/2011	\$ 14.80	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/20/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/20/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/20/2011	\$ 3.35	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/20/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/21/2011	\$ 0.59	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/21/2011	\$ 0.88	TRANSACTION FEE

4. Total only this Page \$ 67.65

5. Total of ALL CRO-1315 Pages \$ 144.94
(This line must be on line 14 of Detailed Summary Page CRO-1100)

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)

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	09/21/2011	\$ 1.03	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/21/2011	\$ 1.75	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/21/2011	\$ 2.62	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/22/2011	\$ 0.44	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/22/2011	\$ 0.45	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/22/2011	\$ 6.10	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/22/2011	\$ 14.80	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/24/2011	\$ 14.80	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/26/2011	\$ 1.60	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/26/2011	\$ 1.60	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	O	09/26/2011	\$ 32.10	POLLING

4. Total only this Page \$ 77.29

5. Total of ALL CRO-1315 Pages \$ 144.94
(This line must be on line 14 of Detailed Summary Page CRO-1100)

	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)		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
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	30.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD& DRINKS FOR M&G		09/26/2011	\$ 30.00
			\$
			\$
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
ANNE BULLARD 208 FOREST RD RALEIGH, NC 27605		<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	
		\$	280.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M & G		09/16/2011	\$ 180.00
			\$
			\$
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
RUTH E HOLDING 2331 CHURCHHILL RD RALEIGH, NC 27608		<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	
		\$	550.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M&G		09/26/2011	\$ 50.00
			\$
			\$
4. Total only this Page		\$	260.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	6,264.92

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
NANCY MCFARLANE 8016 SELFRIDGE COURT 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	
		\$ 36,861.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE RENTAL ALARM SERVICES		09/15/2011	\$ 32.99
BULK EMAIL SERVICES		09/15/2011	\$ 40.00
OFFICE SUPPLIES		09/15/2011	\$ 76.85
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
NANCY MCFARLANE 8016 SELFRIDGE COURT 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	
		\$ 36,861.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		09/15/2011	\$ 100.00
FOOD & DRINKS FOR PHONEBANKING		09/15/2011	\$ 130.00
MMI PUBLIC RELATIONS SERVICES		09/15/2011	\$ 2,500.00
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
NANCY MCFARLANE 8016 SELFRIDGE COURT 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	
		\$ 36,861.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE RENTAL EXPENSE		09/15/2011	\$ 2,625.08
			\$
			\$
4. Total only this Page		\$ 5,504.92	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 6,264.92	

In-Kind Contributions

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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
DELL PASCHAL 540 HERTFORD ST RALEIGH, NC 27609		<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
		\$	110.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M&G		09/26/2011	\$ 110.00
			\$
			\$
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
LAURA RAYNOR 2511 WHITE OAK RD RALEIGH, NC 27609		<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
		\$	60.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M&G		09/26/2011	\$ 60.00
			\$
			\$
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
GERDA STEIN 221 WEST PARK DR RALEIGH, NC 27605		<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
		\$	680.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKS FOR M&G		09/02/2011	\$ 180.00
			\$
			\$
4. Total only this Page		\$	350.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	6,264.92

In-Kind Contributions

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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
			\$ 250.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & DRINKD FOR M&G		09/26/2011	\$ 150.00
			\$
			\$
4. Total only this Page			\$ 150.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 6,264.92

Outstanding Loans

Pg 1 of 1

Amendment
 Yes No

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 (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 95,000.00

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:	09/20/2011
Name of lending institution and account number (source):	N/A
Amount of loan:	\$25,000.00
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.