

# 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>
NANCY MCFARLANE COMMITTEE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
DEWEY O'KELLEY 2302 BYRD ST RALEIGH, NC 27608				RETIRED		
				<b>c. Employer's Name/Specific Field</b> NC DEPARTMENT OF PUBLIC INSTRUCTION		
				<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"/>	1	Electric Funds Tran		10/01/2011		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
JAMES OLSON 5005 HERMITAGE DR RALEIGH, NC 27612				BOOKSELLER		
				<b>c. Employer's Name/Specific Field</b> QUAIL RIDGE BOOKS		
				<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"/>	1	Check		10/21/2011		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
VIRGINIA PARKER 1205 INLET PL RALEIGH, NC 27615				DIRECTOR, STRATEGIC PARTNERSHIPS		
				<b>c. Employer's Name/Specific Field</b> WAKE TECH FOUNDATION		
				<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"/>	1	Electric Funds Tran		10/10/2011		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>						\$ 300.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,434.12

# 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>	
NANCY MCFARLANE COMMITTEE							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GEORGE PARROTT 1808-2 BICKETT BLVD RALEIGH, NC 27608				OWNER			
				<b>c. Employer's Name/Specific Field</b> CHURCHILL'S PUB			
				<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"/>	1	Check		10/03/2011		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RALPH PLETCHER 3457 SPRINGMOOR CIR RALEIGH, NC 27615				RETIRED			
				<b>c. Employer's Name/Specific Field</b> WASHINGTON APPLIANCE WHOLESALEERS			
				<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"/>	1	Check		09/30/2011		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANN ROBERTSON 312 OAKWOOD AVE RALEIGH, NC 27601				ATTORNEY			
				<b>c. Employer's Name/Specific Field</b> ROBERTSON IMMIGRATION			
				<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"/>	1	Check		10/03/2011		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,434.12	

# 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> NANCY MCFARLANE COMMITTEE	<b>2. ID Number</b>
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**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) PAULA SCHMITT 9005 ARMITAGE CT RALEIGH, NC 27615	<b>b. Job Title/Profession</b> HOUSEWIFE	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> HOUSEWIFE	
		<b>e. Election Sum to Date</b> \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Electric Funds Tran		10/13/2011	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) KEVIN SEYMOUR 7820 MAYFAIRE CREST LN APT 206 RALEIGH, NC 27615	<b>b. Job Title/Profession</b> PROJECT COORDINATOR & BUSINESS ANALYST	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA	
		<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"/>	1	Electric Funds Tran		10/01/2011	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) C. MILLER SIGMON JR 2131 TIMBERLAKE DR RALEIGH, NC 27604	<b>b. Job Title/Profession</b> ATTORNEY	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> THE SIGMON LAW FIRM	
		<b>e. Election Sum to Date</b> \$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Electric Funds Tran		10/09/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 325.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 17,434.12
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# 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> NANCY MCFARLANE COMMITTEE						<b>2. ID Number</b>
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BERNADETTE SPONG 3835 GLEN IRIS LN RALEIGH, NC 27612			SR VP, FINANCE			
			<b>c. Employer's Name/Specific Field</b> REX HOSPITAL			
					<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"/>	1	Check		10/08/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GRACE R STRONG 512 THARPS LN RALEIGH, NC 27614			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b> HOMEMAKER			
					<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"/>	1	Check		10/08/2011	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARGARET THOMAS 1727 DRIFTWOOD LN ROANOKE, VA 24018			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b> HOMEMAKER			
					<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"/>	1	Electric Funds Tran		10/13/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,434.12	

# 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>	
NANCY MCFARLANE COMMITTEE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
R BRUCE THOMPSON II 3909 STRATFORD CT RALEIGH, NC 27609			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			PARKER POE		<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"/>	1	Check		10/21/2011	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LEE TRIPI 6801 JUSTINCE DR RALEIGH, NC 27615			INTERIOR DESIGNER			
			<b>c. Employer's Name/Specific Field</b>			
			LEE TRIPI		<b>e. Election Sum to Date</b>	
					\$ 1,600.00	
<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"/>	1	In-Kind	FOOD & DRINKS FOR M&G	10/13/2011	\$ 1,350.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS G WARD 741 BISHOPS PARK DR UNIT 306 RALEIGH, NC 27605			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			FAIRFAX VIRGINIA PUBLIC SCHOOLS		<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"/>	1	Check		10/08/2011	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,850.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 17,434.12	

# 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> NANCY MCFARLANE COMMITTEE	<b>2. ID Number</b>
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**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) STEVEN WATERS 804 W MORGAN ST, APT G1B RALEIGH, NC 27603	<b>b. Job Title/Profession</b> OWNER	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> LIVING STREETS	
		<b>e. Election Sum to Date</b> \$ 280.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Electric Funds Tran		09/29/2011	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MARY C WILLIAMS 622 WOODBURN RD RALEIGH, NC 27605	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> NCSU	
		<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"/>	1	Check		10/03/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SARA LYNN WOOD 509 CULTER ST RALEIGH, NC 27603	<b>b. Job Title/Profession</b> SHIFT MGR	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SPRINGMOOR	
		<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"/>	1	Check		10/05/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 250.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 17,434.12

# 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>	
NANCY MCFARLANE COMMITTEE							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RACHAEL WOOTEN 2721 KITTRELL DR RALEIGH, NC 27608				PSYCHOTHERAPIST			
				<b>c. Employer's Name/Specific Field</b>			
				SELF EMPLOYEED		<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"/>	1	Check		10/03/2011		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS WORTH 2315 WOODROW DR RALEIGH, NC 27609				ATTORNEY			
				<b>c. Employer's Name/Specific Field</b>			
				THOMAS C WORTH, JR		<b>e. Election Sum to Date</b>	
						\$ 350.00	
<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"/>	1	Check		10/03/2011		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 17,434.12	

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
NANCY MCFARLANE COMMITTEE				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>d. Comments</b>
BETTY LOU WARD CAMPAIGN 1321 DEERHURST DR RALEIGH, NC 27614		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		<b>c. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<b>e. Election Sum to Date</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		Wake		\$ 300.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	Check		10/21/2011	\$ 300.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 300.00
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 300.00

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
NANCY MCFARLANE COMMITTEE					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		MEDPRO RX		09/27/2011	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		1	Check	\$ 50,000.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers (The people who guarantee the loan.)</b>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$ 110,000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
NANCY MCFARLANE COMMITTEE					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		MEDPRO RX		10/03/2011	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		I	Check	\$ 50,000.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 110,000.00	

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
NANCY MCFARLANE COMMITTEE			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
NANCY MCFARLANE 8016 SELFRIDGE COURT RALEIGH, NC 27615		PRESIDENT	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		MEDPRO RX	10/04/2011
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>
%		1	Check
			<b>k. Amount</b>
			\$ 10,000.00
<b>l. Full Name of Lending Institution</b>			<b>m. Loan Number</b>
<b>4. Endorsers/Makers (The people who guarantee the loan.)</b>			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>
		<b>d. Percentage</b>	<b>e. Amount</b>
		%	\$
<b>5. Total of ALL CRO-1410 Pages</b> (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 110,000.00

# Disbursements

Amendment

Pg 1 of 7  Yes  No

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>
NANCY MCFARLANE COMMITTEE						
<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 type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BTA PUBLIC RELATIONS P O BOX 26615 RALEIGH, NC 27611						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4,600.00
<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>	
1	Check	O	09/27/2011	\$ 1,500.00	PUBLIC RELATIONS	
1	Check	O	10/10/2011	\$ 3,100.00	SERVICE PR SERVICES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ANDREW CAMPBELL 610 WILLARD PL #4 RALEIGH, NC 27603						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 7,875.00
<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>	
1	Check	O	09/30/2011	\$ 2,000.00	DATA MGMT	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
DANIEL GILLIGAN 3723 BROWNING PL RALEIGH, NC 27609						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,485.00
<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>	
1	Check	O	09/27/2011	\$ 600.00	CONSULTING SERVICES	
				\$		
<b>5. Total only this Page</b>						\$ 7,200.00
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 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>						
<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)						