

# Disclosure Report Cover

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.

Amendment  
 Yes  No

**1. Committee Information**

a. Full Name: Kaplan for Commissioner

b. Mailing Address (include City, State and Zip Code): P.O. Box 10, Bethania, NC 27010

c. ID Number: N1YXIE

d. Date Filed: 12-3-2010

e. Phone Number: 336 922-4000

**COPY**

2. Report Year: 2010

3. Period Start Date (mm/dd/yyyy): 07-01-2010

4. Period End Date (mm/dd/yyyy): 10-16-2010

5. Treasurer Full Name: James W. Armentrout

6. Type of Committee (Check One):  
 Candidate Campaign  
 PAC  
 Independent Expenditure  
 Legal Expense Fund

7. Type of Report (Check only one type of report from one date cover):  
 a. Party  
 b. Referendum  
 c. Joint Fundraiser

8. Type of Fund (if applicable check one):  
 Booster Fund  
 Building Fund  
 Other:

9. Number of Fundraisers this Report: None

10. Special Report Name:

11. Account Information

a. Financial Institution Full Name: Branch Banking and Trust Company

b. Purpose: candidate receipts and expenditures

c. Account Code: 1001

d. Period Begin Balance: \$ 41.27

**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.

James W. Armentrout  
 Printed Name of Signer

*[Signature]*  
 Signature of Appointed Treasurer

12-3-2010  
 Date

**FOR OFFICE USE ONLY**

Date Received: 12/3/10

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee: Judy Spain

Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 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.

CRO-1000

NC State Board of Elections

August 2008

RECEIVED  
 2010 DEC 3 PM 2:40  
 1000 ELECTIONS  
 FDS SYSTEMS

# Detailed Summary

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

Amendment  
 Yes  No

1) Committee Full Name (and Fund if applicable)	2) Type of Report	3) ID Number
Kaplan for Commissioner	3rd Quarter PLUS	NIYXIE
Start of Election Cycle: January 1, <u>2007</u>		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 41.27	\$ 985.94
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 7,075.00	\$ 7,266.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ 1,500.00	\$ 3,500.00
9) Loan Proceeds (CRO-1410)	\$	\$ 19,600.00
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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 8,575.00	\$ 30,366.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 6,951.80	\$ 25,896.47
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$ 3,600.00
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)	\$	\$ 191.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 6,951.80	\$ 29,687.47
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,664.47	\$ 1,664.47
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 19,600.00	
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-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

# 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) <b>Kaplan for Commissioner</b>					2 ID Number <b>NIYXIE</b>	
3 Type of Disbursement <i>(Please use separate CRO-1100 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
5 Full Name, Mailing Address & Phone <i>(include city, state &amp; zip)</i>				6 Coordinated Committee Name		7 Comments
Branch Banking and Trust Company Robinhood Road Winston-Salem, NC 27106						monthly fee
				8 Level Registered (Specify)		Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5.00
9 Account Code    10 Form of Payment    11 Purpose Code    12 Date (mm/dd/yyyy)    13 Amount    14 Required Remarks						
1001	auto deduct	0	07-31-2010	\$ 5.00	account fee	
				\$		
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
5 Full Name, Mailing Address & Phone <i>(include city, state &amp; zip)</i>				6 Coordinated Committee Name		7 Comments
Branch Banking and Trust Company Robinhood Road Winston-Salem, NC 27106						monthly fee
				8 Level Registered (Specify)		Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5.00
9 Account Code    10 Form of Payment    11 Purpose Code    12 Date (mm/dd/yyyy)    13 Amount    14 Required Remarks						
1001	auto deduct	0	08-31-2010	\$ 5.00	account fee	
				\$		
4 Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
5 Full Name, Mailing Address & Phone <i>(include city, state &amp; zip)</i>				6 Coordinated Committee Name		7 Comments
Wooten Graphics, Inc. Drawer 819 Welcome, NC 27374						yard signs
				8 Level Registered (Specify)		Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,338.18
9 Account Code    10 Form of Payment    11 Purpose Code    12 Date (mm/dd/yyyy)    13 Amount    14 Required Remarks						
1001	check	B	09-23-2010	\$ 2,338.18	yard signs	
				\$		
5 Total Only on this Page					\$ 2,348.18	
6 Total for ALL CRO-1100 Pages					\$	
7 Purpose Codes <i>(Use detailed expenditure code in 14 above)</i>						
A - Media	B* - Printing	C - Fundraising	D - To Another Candidate	E - Salaries	F - Equipment	G - Political Party
H - Postage	J - Penalties	K - Office Expense	L - Holding Public Office Expenses	M - Other	N - Other	Q* - Donation to Legal Expense Fund
8 Codes require detailed explanation in required remarks field(s)						

# Disbursements

Amendment  
 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> Kaplan for Commissioner		<b>2. ID Number</b> N1YXIE	
<b>3. Type of Disbursement</b> <i>(All disbursements are CRO-1100 forms for eligible party disbursements)</i> <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)  Excalibur Enterprises, Inc. P.O. Box 7395 Winston-Salem, NC 27109		<b>b. Coordinated Committee Name</b>  fundraiser mailing	<b>c. Comment</b>  fundraiser mailing
<b>d. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 3,853.62	
<b>Account Code</b> 1001	<b>g. Form of Payment</b> check	<b>h. Purpose Code</b> C,I	<b>i. Date (mm/dd/yyyy)</b> 10-11-2010
<b>j. Amount</b> \$ 3,853.62		<b>k. Required Remarks</b> mailing to raise funds	
<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)  Citizens PAC 1225 E. 5th Street Winston-Salem, NC 27101		<b>b. Coordinated Committee Name</b>  election day transportation	<b>c. Comment</b>  election day transportation
<b>d. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 750.00	
<b>Account Code</b> 1001	<b>g. Form of Payment</b> check	<b>h. Purpose Code</b> 0	<b>i. Date (mm/dd/yyyy)</b> 10-04-2010
<b>j. Amount</b> \$ 750.00		<b>k. Required Remarks</b> election day drivers	
<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>c. Comment</b>
<b>d. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$	
<b>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 on this Page</b>			\$ 4,553.62
<b>6. Total of ALL CRO-1100 Pages</b>			\$ 6,951.80
(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)			
<b>7. Purpose Codes</b> <i>(Use separate expenditure code in (a) above)</i>			
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			
<b>8. Codes require detailed explanation in required remarks field (C)</b>			

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment  
 Yes  No

1. Contributor Full Name (and title, if applicable)  
 Kaplan for Commissioner

2. FED. NUMBER  
 N1YXIE

3. Contributor Information  
 Add  Remove

4. Full Name, Mailing Address & Phone (include city, state, & zip)  
 Mary Anne Maynard  
 1920 Greenbrier Rd.  
 W-S, NC 27104

5. Job Title/Profession  
 community volunteer

6. Employer's Name/Specific Field

7. Comments

8. Election Sum to Date  
 \$50.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-23-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  
 Add  Remove

4. Full Name, Mailing Address & Phone (include city, state, & zip)  
 F. Borden Hanes, Jr.  
 380 Knollwood Suuite 570  
 W-S, NC 27103

5. Job Title/Profession  
 Investment Counselor

6. Employer's Name/Specific Field  
 Bowen Hanes & Co.

7. Comments

8. Election Sum to Date  
 \$ 200.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-16-2010	\$200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  
 Add  Remove

4. Full Name, Mailing Address & Phone (include city, state, & zip)  
 Malcolm M. Brown  
 1110 Arbor Rd.  
 W-S, NC 27104

5. Job Title/Profession  
 Physician

6. Employer's Name/Specific Field  
 Retired

7. Comments

8. Election Sum to Date  
 \$ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-15-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total on this Page

5. Total of ALL CRO 1200 Pages  
 \$ 350.00

6. Total of ALL CRO 1200 Pages  
 \$

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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Amendment  
 Yes  No

**1. Committee Full Name (and Fund if Applicable)**

Kaplan for Commissioner

ED Number  
 N1YXIE

**2. Contributor Information**

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Lisa Ann Alexander 1060 Glousman Rd. W-S, NC 27104	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	Interior designer Walter, Robbs, Callaha	
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"/>	1001	check		09-14-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Brian F. Davis 849 Arbor Road W-S, NC 27104	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	retired	
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"/>	1001	check		09-15-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Contributor Information**

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  John McKinnon 2020 Virginia Road W-S, NC 27104	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
	Banker retired	
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"/>	1001	check		09-15-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total on this Page** \$ 400.00

**5. Total of ALL CRO 1210 Pages** \$

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Contributor Full Name (and Fund if applicable)		2/ ID Number
Kaplan for Commissioner		N1YXIE

Contributor 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	
Douglas R. Lewis 1712 S. Main St. W-S, NC 27127		retired		
		c/ Employer's Name/Specific Field		
			e/ Election Sum to Date	
			\$ 100.00	

Prior	g/ Account Code	h/ Form of Payment	i/ In-Kind Description	j/ Date (mm/dd/yyyy)	k/ Amount
<input type="checkbox"/>	1001	check		09-15-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor 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	
George M. Cleland 2140 Faculty Drive W-S, NC 27106		attorney		
		c/ Employer's Name/Specific Field		
		Self	e/ Election Sum to Date	
			\$ 100.00	

Prior	g/ Account Code	h/ Form of Payment	i/ In-Kind Description	j/ Date (mm/dd/yyyy)	k/ Amount
<input type="checkbox"/>	1001	check		09-15-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor 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	
Victor I. Flow, Jr. 2755 Old Town Club Rd. W-S, NC 27106		auto dealer		
		c/ Employer's Name/Specific Field		
		Flow Motors	e/ Election Sum to Date	
			\$ 1,000.00	

Prior	g/ Account Code	h/ Form of Payment	i/ In-Kind Description	j/ Date (mm/dd/yyyy)	k/ Amount
<input type="checkbox"/>	1001	check		09-16-2010	\$1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4/ Total only this Page					\$ 1,200.00
5/ Total of ALL CRO-1210 Pages					\$
6/ This line must be on the Candidate Statement Page (CRO-1100)					\$

# Contributions from Individuals

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) <b>Kaplan for Commissioner</b>				2. ID Number <b>NIYXIE</b>	
<b>Contributor Information</b>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>J. Kirk Glenn, Jr. P.O. Box 2736 W-S, NC 27102</b>			b. Job Title/Profession <b>gasoline sales</b>		d. Comments
			c. Employer's Name/Specific Field <b>retired</b>		
			e. Election Sum to Date <b>\$ 500.00</b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-15-2010	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>Contributor Information</b>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Martha Fowler McNair 1244 ARbor Rd., #236 W-S, NC 27104</b>			b. Job Title/Profession <b>community volunteer</b>		d. Comments
			c. Employer's Name/Specific Field		
			e. Election Sum to Date <b>\$ 100.00</b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-17-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>Contributor Information</b>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Claire C. Christopher 2837 Reynolds Dr. W-S, NC 27104</b>			b. Job Title/Profession <b>community volunteer</b>		d. Comments
			c. Employer's Name/Specific Field		
			e. Election Sum to Date <b>\$ 200.00</b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-18-2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800.00
5. Total of ALL CRO-1210 Pages					\$



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable): Kaplan for Commissioner

2. ID Number: N1YXIE

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): John G. Medlin, Jr.  
1056 Kenleigh Cir.  
W-S, NC 27106

b. Job Title/Profession: banker

c. Employer's Name/Specific Field: retired

d. Comments:

e. Election Sum to Date: \$ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-18-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): W. F. Womble  
1244 Arbor Road, Box 441  
W-S, NC 27104

b. Job Title/Profession: lawyer

c. Employer's Name/Specific Field: retired

d. Comments:

e. Election Sum to Date: \$ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-17-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): Frances G. Porter  
375 Roslyn Rd.  
W-S, NC 27104

b. Job Title/Profession: community volunteer

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: \$500.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		9-19-2010	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page: \$700.00

5. Total of ALL CRO 1210 Pages: \$

CRO-1210

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment  
 Yes  No

**1. Committee Full Name (and Fund if applicable)**  
 Kanlan for Commissioner  
**2. ID Number**  
 NIYXIE

**3. Contributor Information**  
 Add  Remove  
**a. Full Name, Mailing Address & Phone**  
 (include city, state, & zip)  
 Robert S. Parker  
 313 Beechcliff Ct.  
 W-S, NC 27104  
**b. Job Title/Profession**  
 health care admin.  
**c. Employer's Name/Specific Field**  
 Health Care  
**d. Comments**  
**e. Election Sum to Date**  
 \$ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-18-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  
 Add  Remove  
**a. Full Name, Mailing Address & Phone**  
 (include city, state, & zip)  
 Debra C. Liu  
 1890 Runnymede Rd.  
 W-S, NC 27104  
**b. Job Title/Profession**  
 physician  
**c. Employer's Name/Specific Field**  
 self  
**d. Comments**  
**e. Election Sum to Date**  
 \$ 250.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-18-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  
 Add  Remove  
**a. Full Name, Mailing Address & Phone**  
 (include city, state, & zip)  
 John A. Holthouser  
 4351 Shattalon Dr.  
 W-S, NC 27106  
**b. Job Title/Profession**  
 builder  
**c. Employer's Name/Specific Field**  
 Holt House Builders  
**d. Comments**  
**e. Election Sum to Date**  
 \$ 100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-20-2010	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page**  
**5. Total of ALL CRO 1200 Pages**  
 (this line must be filled out on the Summary Page CRO 1200)  
 \$ 450.00  
 \$

# Contributions from Individuals

Pg 7 of 12

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) **Kaplan for Commissioner** 2. ID Number **NIYXIE**

Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**T.W. Lambeth  
 700 Yorkshire Rd.  
 W-S, NC 27106**

b. Job Title/Profession  
**Senior Fellow**

c. Employer's Name/Specific Field  
**Z. Smith Reynolds Fdn**

d. Comments

e. Election Sum to Date  
**\$ 300.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-20-2010	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Betsy Ivey Sawyer  
 1244 Arbor Road, Box 538  
 W-S, NC 27104**

b. Job Title/Profession  
**educator**

c. Employer's Name/Specific Field  
**retired**

d. Comments

e. Election Sum to Date  
**\$ 75.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-22-2010	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Tim Cooper  
 342 Arbor Rd.  
 W-S, NC 27104**

b. Job Title/Profession  
**sales**

c. Employer's Name/Specific Field  
**Bob Neill Motors**

d. Comments

e. Election Sum to Date  
**\$ 250.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-21-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

5. Total of ALL CRO 1200 Pages **\$ 625.00**

6. Total of ALL CRO 1200 Pages (including this page) **\$**

# Contributions from Individuals

Pg 9 of 12

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) **Kaplan for Commissioner** 2. ID Number **NIYXIE**

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Graham Bennett  
 P.O. Box 2736  
 W-S, NC 27102**

b. Job Title/Profession  
**Petroleum marketing**

c. Employer's Name/Specific Field  
**Quality Oil Co.**

d. Comments

e. Election Sum to Date  
**\$ 500.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-19-2010	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Weston P. Hatfield  
 2649 Club Park Rd.  
 W-S, NC 27104**

b. Job Title/Profession  
**lawyer**

c. Employer's Name/Specific Field  
**self**

d. Comments

e. Election Sum to Date  
**\$ 200.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-21-2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Lee Chaden  
 2815 Bartram Rd.  
 W-S, NC 27106**

b. Job Title/Profession  
**retired**

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
**\$ 250.00**

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	check		09-25-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only on this Page **\$ 950.00**

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

CRO-1210

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 9 of 12

Amendment  
 Yes  No

**1. Committee Full Name and Fund Applicant:**  
 Kaplan for Commissioner

**2. ID Number:**  
 NIYXIE

**3. Contributor Information:**

**a. Full Name, Mailing Address & Phone (include city, state, & zip):**  
 Timothy P. Ronan  
 1201 Wilmar Place Ct.  
 W-S, NC 27104

**b. Job Title/Profession:**  
 Sr. V. Prés.

**c. Employer's Name/Specific Field:**  
 Primo Water

**d. Comments:**

**e. Election Sum to Date:**  
 \$200.00

Prior	Account Code	Form of Payment	Item Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-20-2010	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information:**

**a. Full Name, Mailing Address & Phone (include city, state, & zip):**  
 Graydon O. Pleasants, Jr.  
 1800 Greenbrier Rd.  
 W-S, NC 27104

**b. Job Title/Profession:**  
 retired

**c. Employer's Name/Specific Field:**

**d. Comments:**

**e. Election Sum to Date:**  
 \$50.00

Prior	Account Code	Form of Payment	Item Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-24-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information:**

**a. Full Name, Mailing Address & Phone (include city, state, & zip):**  
 Patricia Shore Clark  
 301 Settler's Run Dr.  
 W-S, NC 27101

**b. Job Title/Profession:**  
 retired

**c. Employer's Name/Specific Field:**

**d. Comments:**

**e. Election Sum to Date:**  
 \$ 250.00

Prior	Account Code	Form of Payment	Item Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-27-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page:**

**5. Total of ALL CRO 1210 Pages:** \$ 500.00

**6. Total of ALL CRO 1210 Pages (including non-reporting Donated Services under CRO 1210):** \$

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 10 of 12

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable) **Kaplan for Commissioner** 2. ID Number **NIYXIE**

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  
**William E. Hollan, Jr.  
 1100 S. Stratford Rd., Suite 300C  
 W-S, NC 27103**

b. Job Title/Profession  
**CEO**

c. Employer's Name/Specific Field  
**Turnpike Properties**

d. Comments

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"/>	1001	check		09-27-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  
**J. Donald deBethizy  
 2519 Woodbine Rd.  
 W-S, NC 27104**

b. Job Title/Profession  
**CEO**

c. Employer's Name/Specific Field  
**Targacept**

d. Comments

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"/>	1001	check		09-26-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  
**Avon L. Ruffin  
 322 Wyntfield Dr.  
 Lewisville, NC 27023**

b. Job Title/Profession  
**community volunteer**

c. Employer's Name/Specific Field

d. Comments

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"/>	1001	check		09-27-2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page **\$ 450.00**

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

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment  
 Yes  No

Committee Full Name (and fund if applicable) **Kaplan for Commissioner** FD Number **NIYXIE**

**2. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Richard N. Davis 809 LynnDee Drive W-S, NC 27106	b. Job Title/Profession accountant	d. Comments
c. Employer's Name/Specific Field  self		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"/>	1001	check		09-29-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  James D. Branch, MD 224 Town-Run Lane W-S, NC 27101	b. Job Title/Profession Dr./eyes	d. Comments
c. Employer's Name/Specific Field  self		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"/>	1001	check		09-27-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Sue C. Welch 1571 Deadmon Rd. Mocksville, NC 27028	b. Job Title/Profession   retired	d. Comments
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"/>	1001	check		10-01-2010	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page  
 5. Total of ALL CRO 1210 Pages  
 \$ 550.00  
 (This sum must be printed on a Detailed Summary Page CRO 1210)  
 \$

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 12 of 12

Amendment  
 Yes  No

1. Committee Full Name (and Fund, if applicable) **Kaplan for Commissioner** 2. ID Number **NIYXIE**

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Mrs. V.K. Newell  
 2429 Pickford Ct.  
 W-S, NC 27101**

b. Job Title/Profession  
**retired**

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
**\$ 50.00**

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-30-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**John L. Ruffin  
 4115 Shattalon Dr.  
 W-S, NC 27106**

b. Job Title/Profession  
**real estate**

c. Employer's Name/Specific Field  
**Meridian Realty**

d. Comments

e. Election Sum to Date  
**\$ 50.00**

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	1001	check		09-30-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
**\$**

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total on this Page **\$ 100.00**

5. Total of ALL CRO 1210 Pages **\$ 7,075.00**



# Contributions from Other Political Committees

Pg 1 of 1

Amendment

Yes  No

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

Committee Full Name and kind, if applicable		Committee Number		
Kaplan for Commissioner		NIYXIE		
<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
Full Name, Mailing Address & Phone (include city, state & zip)  Piedmont Stone Center PAC 3825 Forrestgate Dr. W-S, NC 27103 Atten: Charles Hauser		Comments:  Election Sum to Date: \$ 500.00		
Account Code	Form of Payment	In Kind Description	Date (mm/dd/yyyy)	Amount
1001	check	n/a	09-17-2010	\$ 500.00
				\$
				\$
<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
Full Name, Mailing Address & Phone (include city, state & zip)  Joines for Mayor Campaign P.O. Box 20397 W-S, NC 27120		Comments:  Election Sum to Date: \$ 1,000.00		
Account Code	Form of Payment	In Kind Description	Date (mm/dd/yyyy)	Amount
1001	check	n/1	10-07-2010	\$ 1,000.00
				\$
				\$
<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
Full Name, Mailing Address & Phone (include city, state & zip)		Comments:  Election Sum to Date: \$		
Account Code	Form of Payment	In Kind Description	Date (mm/dd/yyyy)	Amount
				\$
				\$
				\$
Total for this Page				\$ 1,500.00
Grand Total (All Pages)				\$ 1,500.00

CRO-1230

NC State Board of Elections

April 2007