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.

1. Committee Information		20	16 JAN 2	2 AM 11 · 13	
a. Full Name					c. ID Number
PAMELA LOFLA! b. Mailing Address (include City, State	NO CAN	1 PAIGN	PEC	EIVED	CCQH71
b. Mailing Address (include City, Stat	le and Zip Code)				d. Date Filed
1460 LAKE COTT CLEMMONS, N.	ARE HO				7.20-17
CH MMOND, N.C	270	12			e. Phone Number
					336-577-2989
2. Report Year 3. Period Start	Date (mm/dd/y	y) 4. Period E	End Date (m	nm/dd/yy) 5. Treasur	er Full Name
2017 10-31		12-3	, ,		LA JANE LOFLAND
6. Type of Committee (Check Compaign Part		O. Type of Rep Municipal			ort from one category)
		Organizationa		te/County Organizational	Referendum Organizational
	nt Fundraiser	Thirty-five day		Quarterly	Pre-referendum
Legal Expense Fund		Pre-primary		First	Final
		Pre-election		Second	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff		Third	Annual Annual
Booster Fund		Semi-annual		Fourth	☐ Special
■ Building Fund	li	Mid Year		Semi-annual	
	li li	Year End		Mid Year	10. Special Report Name
Other:		Final		Year End	
8. Number of Fundraisers this	Report	Special	님	Final	
				Special	
11. Account Information				nt Information	
a. Financial Institution Full Name			a. Financial l	Institution Full Name	
CAPITAL BANK					
b. Purpose	c. Account Code	è	b. Purpose		c. Account Code
	AJL 20	17			
	d. Period Begin	Balance			d. Period Begin Balance
	\$ 0				\$
CERTIFICATION					*
I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct PAMELAJANE LOFL Printed Name of Sign	at no funds are contained and that I have	ommingled with been trained by	prohibited o	or other non-disclosed f	
FOR OFFICE USE ONLY	2-1		į,	/	
Date Received:	12/17	Employ	ree:		livery Method Normal Mail
Date Postmarked:		Employ	/ee:		Registered Mail Hand Delivered
Date Scanned:		Employ	ree:		Electronically Filed
Date Data Entered:		Employ	ree:		Signer has not received mandatory training
	treasurer, cust	odian of books	informatio	nation such as the corn, or account information (0A-E) to make comp	ation.

## **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
PAMELA LOFLAND CAMPAGEN	YEAR	-END	CCGH71
Start of Election Cycle: January 1, 2017	7	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 960,00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 725.00	\$
9) Loan Proceeds	(CRO-1410)	\$ 989,00	\$
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)	\$	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1974, 12	- \$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 625.00	2 \$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	ALLEY AND THE STATE OF
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
•	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

## **Contributions from Individuals**

	1		1	Amendmen	t
Pg		of	6	☐ Yes	No No
under	\$50 if	forn	CRO	1205 is not	used

Use this	s form to report in	ndividual contribution	ns over \$50 or co	ontributions unde	er \$50 if form CF	RO 1205 is not used
1. Com	mittee Full Nam	e (and Fund if appl	icable)			2. ID Number
PAN	IELA LOF	LAND CAN	PAIGH			CCQH71
3. Cont	ributor Informa	ition		Add Rer	nove	
a. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments
	le city, state, & zip)			RETIRE	7	
KA	YE. LIN	VILLE NNAH LAI		c. Employer's Nan		
42	O SAVAI	NNAH LAI	NE	HE HE	_	
KF	BNFRS	VILLE, N.C	27184	4		e. Election Sum to Date
336	- 993 - 4	939	. 21201			\$ 25.00
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	PJL 2017	CHECK			11-4-17	\$ 25.00
						\$
						\$
3. Cont	ributor Informa	tion		Add Rer	nove	
a. Full Na	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments
(includ	le city, state, & zip)			DETINE	- 7	
To	AN FLEM	List		KETIRS		
				c. Employer's Nan	ne/Specific Field	
101	6 OAKA	IONT CT.				e. Election Sum to Date
AD	VANCE.	N.C. 270	206			
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	PJ12017				11-14-17	\$ 50.00
						\$
						\$
3. Cont	ributor Informa	ntion		Add Ren	nove	
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments
(includ	le city, state, & zip)					
PAM	ELA LOF	LAND COTTAGE PO		c. Employer's Nar	ne/Specific Field	
146	OLAKE	COTTAGE AD	j.			71 4 6 1 5
CLI	EMMONS	N.C-270	012			e. Election Sum to Date
3.	36-577	- 2989 h. Form of Payment				\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount
	PJ2017	check			9-22-10	17 \$ 100,00
						\$
						\$
4. Tot	al only this Pa	age				\$ 75,00
		age RO-1210 Pages				\$ 75,00

		rom Individua		Pg contributions und	2 of (er \$50 if form CI	2 RO 1	Amendment  Yes No 205 is not used
		ne (and Fund if appl				-	D Number
_		LAND CAME					CQHII
	ributor Informa			Add Re	move		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
	le city, state, & zip)			RETIR	E7)		
HEN	RY Lause	C MARCARET M	. GIESER	c. Employer's Nar		-	
371	7 SQUIRE	EWOOD DR.				1	
CLE	MUONS, N	MARCARET M EWOOD DR. C 27012-85	550	RETIRE	D	e. E	lection Sum to Date
	-712-00					\$	35.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
	PJL 2017	CHECK			10-12-17	7	\$ 35,00
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	le city, state, & zip)			RETIR	EN		
MAF	RTHA G. E	sochenour				1	
950	INMANA	ND TRACE!	BURT	c. Employer's Nar	ne/Specific Field	1	
10	I VOUDEN	124110	mount			e. El	lection Sum to Date
		LEM, N.C. &	21104			•	10 00
57	1-723-30					\$	10.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
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Section 1857 and	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
	le city, state, & zip)			REAL ESTATE	ACENT		
SIE	PHEN RAY	LAWING NCE DR. LEM, N.C.		a Employania Nov	no/Enseifia Field	1	
29	2 TORRA	NCEDR.		c. Employer's Nar	ne/specific Field	1	
Win	STON - SA	LEM NC	27106-3634	KYDEN, BI	IRR	e. El	lection Sum to Date
336	-671-42		~ / / 60 200 /	,		\$	80.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	PJL2017	check			10-18-17		\$ 80,00
							\$

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		om Individual		Pg ontributions unde	4 of 6 er \$50 if form CR0	_	Yes No 205 is not used
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0		LAND CAN				C	CQH71
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and the second	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Co	omments
_	e city, state, & zip)						
	· LUNG			c. Employer's Nan	ne/Specific Field		
700	4 Disci	OVERY LAI	ME				
WAI	KERTO	WN, N.C.	27051	RETIRE	D	e. Ele	ection Sum to Date
	-595-4					\$	25.00
		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyyy	y)	k. Amount
	PJL 2017				10-23-201	7	\$ 25.00
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a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
400000000000000000000000000000000000000	e city, state, & zip)						
THO	MAS F. E	EATON		EInveste Non	"Caratina Field		
105	MEDFOF	RD CIRCLE		c. Employer's Name/Specific Field			
KE	PNERSVII	LLE, N.C. 2	17284	RETIRED 6.1			ection Sum to Date
336	-310-32	13		NE I INC	لات	\$	25.00
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463	O CHER	RYHILL LA	INE			177	
Win	NOTON - 6	GARNER RYHILL LA DALEM, N.	C.			e. E1	35,00
	106.42	h. Form of Payment	i. In-Kind Descrip	ntion	j. Date (mm/dd/yyy	(V)	k. Amount
			I. III-Kina Descrip	рион	J. Date (mas awy)	3,	
	PJL2017	CHECK					\$ 35.00
						- 1	\$

4. Total only this Page

960,00

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		rom Individua		Pg	5 of 6	2_	Amendment  Yes No
		individual contributione (and Fund if app		contributions und	er \$50 if form Cl		1205 is not used  ID Number
_		-					1 Page 122 - 214 (E. 19)
	tributor Inform	FLAND CA				IC	CQH71
	ame, Mailing Addr			Add Res		Li c	
	le city, state, & zip)			b. Job Title/Profe	ssion	a. C	Comments
		R. DUNN					
				c. Employer's Nar	me/Specific Field	]	
00	·Box 2	10 0 270	(1)	0		e. E	lection Sum to Date
20	-MMONS,	N.C. 270	d	RETIF	SED	\$	25.00
	6 - 766 -	h. Form of Payment	i. In-Kind Descrip	ntion	j. Date (mm/dd/yy		k. Amount
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(includ	e city, state, & zip)	1.114		Poris	DIST		
KOBE	ERT C.W	INGATE		c. Employer's Nam		1	
5005	AN E.V	JALLEYCT	-		no specific Field		
14/10	16TOIL SE	INGATE VINGATE VALLEY CT ALEM, N.C	27103	SELF		e. E	lection Sum to Date
33	6-972-20	74				\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	PJZ 2017	CHECK			10-17-17	Ţ	\$ 100.00
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(includ	e city, state, & zip)			RETIRE.	0		
LY)		OWER		c. Employer's Nan		1	
33	O CONF	RAD Rd.					
1 5	11712111	IE NO	27023			e. El	ection Sum to Date
33	6-978-	LE, N.C.	21025			\$	100.00
f. Prior	g. Account Code	n. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	PJL2017	CHECK			10-30-1	7	\$ 100.00
							\$
							7.

\$ 960,00

4. Total only this Page

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

		om Individua			6 of 6		Amendment  Yes No
		ndividual contributio		ontributions und	er \$50 if form Cl		
1. Com	mittee Full Nam	ne (and Fund if app	licable)				D Number
		AND CAMPA	STATE OF THE OWNER, WHEN PERSON NAMED IN			(	COHI
	tributor Informa			Add Ren		T	
72.000	ame, Mailing Addre	ess & Phone		b. Job Title/Profe		=	Comments
,	le city, state, & zip)				5 OWNER/	to	A CAMPAIGN
DEB	RA CONRA	D ERTON COU	· ^ T	C. Employer's Nar	me/Specific Field		EBT
			crei	SELF-SMA	<b>ALLBUSINESS</b>	1	
M-S	5, N.C. 2	1106		STATE OF	N.C.	e. E	lection Sum to Date
336	6-978-0	169	*				100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yy		k. Amount
	PJL2017	CHECK			9-22-17-DEF	25/1	\$100.00
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3. Cont	tributor Informa	ation		Add Rei	move		
	ame, Mailing Addre	The second secon		b. Job Title/Profe		d. C	Comments
1 2000 PM 1973 PM	le city, state, & zip)			6mall De	inter monte	1	
DAVI	DHANESEL	DA HAYES CAL	VERT	SX MALL BUS	sines agner	1	
DIVI	DIMESCH	DA THYES COL	CLICI	c. Employer's Nar			
741	1 DENT IN	REE FARM RD	0.01 4765	SMALL BU	SINESS OWNE	5	
MIN	STON-SAL	EM, N.C.2	1106-7263	W-5 School		e. E	lection Sum to Date
	6-926-7			10 0 000		\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	PJL2017	CHECK			10-13-17		\$ 200,00
							\$
							\$
3. Cont	tributor Informa	ation		Add Ren	move		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	comments
(includ	le city, state, & zip)		-1				
Jut	iac Howa	IRD F	JL			1	
Hou:	SE Commit	THE ACCE		c. Employer's Nar	ne/Specific Field	1	
202	MAGNO	Adile		NC STATE	HOUSE	_	
N/S	MACHUL	HATTUE ARON	o MIL	REPRESE	VIATIVE	e. E	lection Sum to Date
33	6-650-2	212			PJL	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
		CHECK					\$P\$100,00
					4		\$
							\$
4. Tot	al only this P	age				\$	200,00
		RO-1210 Pages					000
Maria Carana		of Detailed Summary P	age CRO-1100)			\$	960,00

	ons from Other I			of 1	Amendment Yes No
	ull Name (and Fund if a		CONTROL OF THE	Committees	2. ID Number
					CCQHII
3. Contributor	LOFLAND CAI	9 PAIGN	Add Ren	nove	CLUAII
DESCRIPTION OF THE PROPERTY OF THE PARTY OF	ng Address & Phone		b. Type of Commit		d. Comments
(include city, stat	e, & zip)		Candidate	<b>⊠</b> PAC	DVS SECTION OF THE SE
CLEMMON	us Cifizensi	JANTA VOICE	Referendum c. Level Registered	I (Consider)	
5931 GA	EEN HAVEN DA		Federal State	County:  Municipality:	e. Election Sum to Date
WINSTON 336-813	-SALEM, N.C.	27503	State	Z Municipanty.	\$ 625.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
PJ 12017	N/A	PolitiCAL AD	in PAPER	10-24-17	\$ 50,00
PJL2017	NIA	() K	10 11	10-30-17	\$ 50,00
PJL2017	NIA	POSTCARDS		10-30-17	1 \$ 175,00
3. Contributor			Add Ren		
a. Full Name, Maili (include city, stat	ing Address & Phone		b. Type of Commit	PAC	d. Comments
- August Indiana and August Indiana		1 . 1 . 1 .	Referendum		
CLEMMON	s CifizENS L	MANTA VOICE	c. Level Registered		
11	) [	1 1/	Federal State	County:  Municipality:	e. Election Sum to Date
			State	Municipanty.	Control May 2000 May 100 Control May 2000 May 100 May
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	
PJ12017	NA	PolitiCA AZ	IN PAPER	11-1-17	\$350,00
					\$
					\$
3. Contributor	CAMPAGE CONTRACTOR OF STREET	CARSON POLITICAL ENGINEER	Add Rer	nove	d. Comments
(include city, stat	ing Address & Phone te, & zip)		Candidate	PAC	u. commens
The state of the s	HOWARD 336-	650-2212	Referendum		
HOUSE (	1000ART CA	OCT	c. Level Registered	County:	
202 110	CMINITIEEN	CCI,	➤ State	Municipality:	e. Election Sum to Date
Mocks	GNOLIA AVE	27028-1911			\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	yy) j. Amount
PJL2017	CHECK			10	\$ 100,00
					\$
					\$
4. Total only th	is Page	在学》是特地的种		A 10 18 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	\$ 725,00
	CRO-1230 Pages	ary Page CRO-1100)	hery x		\$ 725.00



Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

•	Name of committee to receive loan: <u>FAMELA LOFLAND</u> CAMPAIGN
•	Person or committee to make loan: AMELA LOFLAND
•	Date of loan to committee: 9-2017
•	Name of lending institution and account number (source):
	PAMELA LOFLAND
	Amount of loan: 989, 00
•	Description (if in-kind loan):
	Names of all parties responsible for payment of loan (guarantors):
	PAMELA LOFLAND
•	Period of loan: 9-2017 three DEC, 31, 2017
•	Rate of interest of loan:
•	Security pledged for loan:
	2 21 3
1	, acknowledge that all of the information
٠, ـ	(Person lending money to committee)
pre	ovided is complete, true, and accurate. I further understand I may not forgive a loan
	at has an outstanding balance to any source.
(	12-29-17
Si	gnature of Lender Date Signed
C	An 13-27-17
Si	gnature of Treasurer of Committee Date Signed
	O-6100 Loan Proceeds Statement July 2014

*			
	non	Proceeds	c.

		1	Amendmen	t	
Pg	of	1	☐ Yes	⊠ No	

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

A loan proceeds statement must accompany each loan tha	t is from an individual		
1. Committee Full Name (and Fund if applicable)		222	2. ID Number
PAMELA LOFLAND CAMPAGE	SN.		
3. Lender Information	☐ Add ☐ Remove	TO WE THE	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		d. Comments
(include city, state, & zip)			
PAMELA LOFLAND 1460 LAKE COTTAGE RO.		224 1000V - 2	e. Start Date (mm/dd/yyyy)
1460 LAKE COTTAGE RO.	c. Employer's Name/Spec	ific Field	9-20-17
CLEMMONS, N.C. 27012	CANDIDATA	E	f. End Date (mm/dd/yyyy)
336-577-2989			13-31-2017
	ccount Code j. Form of l	Payment	k. Amount
0% 0	JL2017 CH	ECK	\$ 989,00
I. Full Name of Lending Institution		He Levin Coll	m. Loan Number
The second secon			THE POST OF THE PO
4. Endorsers/Makers (The people who guarantee the loan.)		CONTRACTOR OF THE PARTY OF THE	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Ei	mployer's Name/Specific Field
(include city, state, & zip)			
	d. Percentage	e. A	mount
	di l'electringe		
		% \$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. E	mployer's Name/Specific Field
(include city, state, & zip)			
	a n	0.4	mount
	d. Percentage	file shared from	mount
		% \$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. E	mployer's Name/Specific Field
(include city, state, & zip)			
A CONTRACTOR OF THE CONTRACTOR			
	J. Dtogo	0.4	mount
	d. Percentage	The second second	mount
		% \$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. E	mployer's Name/Specific Field
(include city, state, & zip)			
The state of the s			
		0.4	mount
	d. Percentage	e. A	mount
		% S	
5. Total of ALL CRO-1410 Pages			. 000 00
5. Total of ALL CRO-1410 Pages			\$ 989,00

				Amendment
Loan Repayments			Pg of	✓ Yes 🔀 No
Use this form to report pay				
1. Committee Full Name	and Fund if app	licable)	但是其他可以由此,因为我是特定	2. ID Number
PAMELA LOF	LAND C	AMPAIGN		CCQH71
3. Lender Information	到度便能。這一	☐ Add	Remove	
a. Full Name, Mailing Address (include city, state, & zip)	& Phone			b. Comments
_	and a			93
PAMELA LOFL	AND			c. Original Loan Date
PAMELA LOFL 1460 LAKE ( CLEMMONS, M	OTTAGE	Ro		9-20-17
LEMINONS, M	1.C. 27	012		d. Original Loan Amount
				\$ 989,00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
s 989,00	PJL2017	CHECK	11-21-17	\$ 989,00
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address (include city, state, & zip)	& Phone			b. Comments
,,,p/				
E.				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information	ELECTION AND ADDRESS OF TAXABLE PARTY.	☐ Add	Remove	Constitution of the second
a. Full Name, Mailing Address & (include city, state, & zip)	& Phone	NACE OF		b. Comments
				c. Original Loan Date
				d. Original Loan Amount
				\$

h. Date (mm/dd/yyyy)

i. Repayment Amount

\$

\$

g. Form of Payment

e. Remaining Loan Balance

4. Total only this Page

5. Total of ALL CRO-1420 Pages

f. Account Code

Other Rec	ceipt Sources		P	g of		Yes No
	o report income not repo	orted on another form.	i.e. interest inc	ome, not for profi		
1. Committee I	Full Name (and Fund i	if applicable)			2. ID N	Number
PAMELA	LOFLAND C	AMPAIGN			CCG	1740
3. Type of Reco	ceipt Source (Please u	use separate CRO-1250		h type of Receipt	Source.)	
Interest		ributions from Not-for-Profit			Sources of	Income
4. Contributor	r Information iling Address & Phone		7	emove	La Comp	
a. Full Name, Mai (include city, sta			b. Not-for-Profi	Federal ID#	d. Comn	nents
AMELA 1	LOFLAND CAN KE COTTAG	APAIES	c. Outside Source	210-101-101-101-101-101-101-101-101-101-		
1460 LA	KE COTTAG	ERD.	BANKI	NTEREST	Theati	
CLEMMI	ONS, N.C. 27	012	10		e. Election	on Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy) j. A	mount
PSI2017	ELEC.			- 12-3-17	\$	.06
11	1/			-	\$	
4. Contributor	Information		Add R	emove	and the same of	
			c. Outside Source	e Explanation	e. Election	on Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy		mount
li cales vient	8	W. W.			\$	
					\$	
4. Contributor	Information		Add R	emove	No. of	
a. Full Name, Mai (include city, sta	iling Address & Phone ate, & zip)		b. Not-for-Profi	t Federal ID #	d. Comn	aents
			c. Outside Source	ce Explanation		
					e. Electio	on Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	n en en en en	i. Date (mm/dd/yy	yy) j. A	mount
					\$	
					\$	
5. Total only	v this Page			MINISTER OF THE	\$	

\$

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

Di	ch	***	an	***	nn	10
וע	DI	uı	SE	ш	СП	13

1	-	Amendment	t
Pg	of [	Yes	X No

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

	'ull Name (and Fund		es ar			2. ID Number
PAME LA	LOFLAND	CAMPAIE	N			CCQH71
3. Type of Disb		CONTRACTOR OF THE OWNER, THE OWNE		forms for e	each type of Disb	
Operating Expe		tributions to Candida			The state of the s	rdinated Party Expenditures
4. Payee Inforn	the second secon			Add	Remove	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)					
	of Electic			-	stered (Specify)	
201 N.	CHESTNO	et ST.		Federal State	☐ County:  Municipa	lity: e. Election Sum to Date
W-5, N	1.C. 271	01		State	Winnerpa	\$ 5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
PJL2017	check	K	7.20	0-17	\$5,00	
1922017			1		\$	
1 Daysa Info		171-191 6403415		Add	Remove	
4. Payee Inform	ing Address & Phone		L		ed Committee Name	d. Comments
(include city, sta	te, & zip)			b. Coordinate	eu Committee Name	d. Comments
	S GRAPHIC	5, INC	,	personal control of the control of t	stered (Specify)	
DRAWE				Federal State	☐ County:  Municipa	dity: e. Election Sum to Date
WELCOM	ME, N.C.	27374				s 980, 12
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
PJL2017	check	A	9-2	0-17	\$980,12	
					\$	
4. Payee Inforn	nation			Add	Remove	
a. Full Name, Mail (include city, sta	ing Address & Phone te, & zip)			b. Coordinate	ed Committee Name	d. Comments
PAMELA 1	LOFLAND CA	AMPAIGN		c. Level Regi	stered (Specify)	
1460 LAI	KE CONTACE	Dn		Federal	County:	
CLELLAL	ONS, N.C. 2	10010		State	Municipa	
12/ C	THE TORRE	1012				\$ 989.00
f. Account Code	77 - 2989 g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
		0		21-17	\$ 989.00	•
PJ12017	CHECK		11-	4 11	\$	
	A STATE OF THE STA				Description of the second	
5. Total only th	nis Page					\$ 1974,12
	CRO-1310 Pages					
	line 13a of Detailed Sun					\$ 1974.12
	a line 13b of Detailed Sun a line 13c of Detailed Sun					0 11111
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL					Experiameres)	
	odes (List detailed				D To	Another Candidate
A* - Media E - Salaries	B* - Printi F* - Equip			undraising litical Party		olding Public Office Expenses
I - Postage	J - Penalti			Office Exper		onation to Legal Expense Fund
O* Other	y vitati				35080	-
	re detailed explanat	ion in required	remark	s field (k)		

Y Y		~	
m_K	ind	Contri	butions
TII-T	MILL	Comui	DUUUUIS

	1	Amendmen	t		
Pg _	of	☐ Yes	× No		

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)	THE STATE !		2. ID Number
PAMELA LOFLAND CAMPAIGN			CLQH71
3. Contributor Information	Add Rer	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Individual		
Clemmons CitizENE Whom Nhis	Candidate		
Clemmons CitiZENS WANTA VOICE 5931 GREEN HAVEN DR.	Party PAC		
2431 GREEN HAVEN DR.	Referendum		d. Election Sum to Date
WINSTON-SALEM, N.C. 27103	Other Receipt		S
711 127 137			\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
POLITICAL AD IN PAPER		10-24-17	\$ 50.00
POLITICAL ADIN PAPER		10-30-1	7 \$ 50.00
POSTCARDS		10-30-17	7 \$ 175.00
3. Contributor Information	Add Ren		A STATE OF THE STA
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Individual Candidate		
CLEMMONS CITIZENS WANTA VOICE	Party		
	ĭ PAC		
11 77 77 77	Referendum		d. Election Sum to Date
	Other Receipt	Source	\$
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount
POLITICAL ADIN PAPER		11-1-17	\$ 350.00
			\$
			\$
3. Contributor Information		nove	<b>大山山地域中的</b>
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments
(include city, state, & zip)	Individual Candidate Party PAC		
	Referendum		d. Election Sum to Date
	Other Receipt	Source	\$
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 625,00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 625,00