Disclosure Report Cover	THE COUNTY	Amendment  Yes No
Use this form for general report and committee informat Do not use this form to update information.	ion, must be signed and submitted	d along with other detailed forms.
1. Committee Information	ICACT 28 PHILE	
a. Full Name		c. 10 Number
PAMELA LOFLAND CAMPAIGN	FECEIVED	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
1460 LAKE COTTAGE RD.		10-28-19
CLEMMONS, N.C. 27012		e. Phone Number
11.0 / 11.0 / 20 / 100		336-577-2989
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Per	ried Fred Date (mm/dd/ms) 5. Tre	
2. Report Tear 5. Period State Date (millowyy) 7. Te		<del></del>
2019 9-25-19 10		MELA JANE LOFLAND
	f Report (check only one type of	
Candidate Campaign Party Municipal	State/County	Referendum
	zational Organizational	Organizational
	five day Quarterly	Pre-referendum
Legal Expense Fund Pre-pri	·   ==	Final
★ Pre-ele		Supplemental Final
7. Type of Fund (if applicable, check one) Pre-rur		Д Алпиа)
Booster Fund Semi-a	<b></b>	Special Special
	lid Year Semi-annual	
	ear End	10. Special Report Name
Other: Final	Year End	
8. Number of Fundraisers this Report Special	l Final	
	Special	
11. Account Information	11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Na	me
CAPITAL BANK		
b. Purpose c. Account Code	b. Purpose	c. Account Code
DTI ANA	1	
Y3 L2017		
d, Period Begin Balance		d. Period Begin Balance
\$ 74 <u>, 88</u>		<u> </u>
CERTIFICATION		
I certify that the Committee or Fund is in compliance with a	ll applicable provisions of Article 22	A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are commingle	ed with prohibited or other non-discle	osed funds. I further certify that this
report is complete, true and correct and that I have been trai	ned by the NC State Board of Electic	ons.
PAMELA JAKE LOFLAND	and Ray	0 10-28-19
Printed Name of Signer	Signature of Appointed Transurer	Date
FOR OFFICE USE ONLY	1/	

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.

Employee:

Employee:

Employee:

Employee:

Date Received:

Date Scanned:

CRO-1000

Date Postmarked:

Date Data Entered:

Delivery Method

■ Normal Mail Registered Mail

Hand Delivered ☐ Electronically Filed

August 2008

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

#### **Detailed Summary**

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 74.88 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 791. \$ 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) \$ **EXPENDITURES** 13) Disbursements (CRO-1310) \$ 1,179. \$ 13a) Operating Expenditures 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) \$ 00 \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) 94 279.35 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 947 \$ 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) \$ 24) Account Transfers Within the Committee (CRO-1720) (CRO-1710) \$ 25) Administrative Support \$ \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 28) Contributions to be Refunded (CRO-1215)

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

### **Contributions from Individuals**

		1		2-0	Amendmen	
Contributions from Individuals	Pg		of	5	Yes	No.
Use this form to report individual contributions over \$50 or contributions	under	r \$50 if	form	CRO	1205 is not	used

		Harviddar Contributio		ono rootions und	or wood it to this Cr	OR OTHER DESIGNATION OF THE PERSON NAMED IN	
1. Com	mittee Full Nan	e (and Fund if appl	icable)			2. I	D Number
PAM	FIA LOS	LAND CA	4PAIGN				
	tributor Informa			Add Ren	nove		
	ame, Mailing Addre	THE RESIDENCE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		b. Job Title/Profes		d. C	omments
	le city, state, & zip)				<u> </u>		
DAVID HAYES				OWNER		-	
		TREE FAR	en Do	c. Employer's Nan	ie/specific Field		
		LEM, N.C.				e. El	ection Sum to Date
707	3101	ELM, N.C. 3	21100			\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	RJL2017	CHECK	NIA	1	10-19-	19	\$ 75.00
							\$
							\$
3. Cont	ributor Informa	ition		Add Ren	nove		
	ame, Mailing Addre			b. Job Title/Profes	sion	d. C	omments
(includ	le city, state, & zip)			-	~		
D	C 1 mil			KETIF			
	C. LUN			c. Employer's Nam	ne/Specific Field		
700	24 Dis	COVERY LOWN, N.C	ANF	- 1		a 171	ection Sum to Date
1014	111-0-	2001	2005	INS. ADJUSTER			750 700 750
WA	LKERT	OWN, N.C	27001	· ·		\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	PTI 2017	CHECK	NIA		10-20-1	9	\$ 25.00
	TOPAU II						\$
		W ( )	N. 1998				\$
3. Cont	ributor Informa	ation		Add Ren	nove		
	ame, Mailing Addre			b. Job Title/Profes	sion	d. C	omments
(includ	le city, state, & zip)			100	/-		
Su	LE WIN	GATE		ASSIST.			
40	85 FI	LK YALLEY	CT.			וזק	ection Sum to Date
				MEDIO	CAL		00
W	-	SALEM, N.				\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount
	PJ12017	CHECK	N/A		10-17-1	9	\$ 150.00
							\$
					<u></u>		\$
4. Tot	al only this Pa	age				\$	250,00
5. Tot	al of ALL CR	RO-1210 Pages				\$	
The second second		of Detailed Summary Po	age CRO-1100)			"	2,871.74

# Contributions from Individuals $P_g = 2$ of $5 - P_{es} = N_0$

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) 2. ID Number LOFLAND CAMPAIGN Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF - EMPLOYER

c. Employer's Name/Specific Field KENNETH D. RIDINGS 3223 BERMUDA VLG. SOLE PROPRIOTER e. Election Sum to Date ADYANCE, N.C. 27006-9478 h. Form of Payment f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) CHECK PJL2017 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) OWNER-BUS NEUDORF CORPORATION 6350 CEPHIS DR. e. Election Sum to Date CLEMMONS, N.C. 27012 Prior g. Account Code h. Form of Payment i, In-Kind Description j. Date (mm/dd/yyyy) PJL1017 CHECK 9-17-19 П \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED R. LYNN SPILLMAN c. Employer's Name/Specific Field 330 CONRAD RD. MEDICAL e. Election Sum to Date LEWIS VILLE, N.C. 27023 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) AJL2017 CHECK \$ 100. 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)

## **Contributions from Individuals**

	3		1-	Amendment	
Pg	3	of	5	☐ Yes	No No

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

1. Com	mittee Full Nam	e (and Fund if appl	icable)				2. II	) Number
PAN	MELA L	OFLAND C	AMPAIG	V				
3. Cont	ributor Informa	ition		Add	Ren	nove		
	ame, Mailing Addre	ss & Phone		b. Job Titl	le/Profes	sion	d. Co	nments
	e city, state, & zip)			Hac	ICT.	WIFE		
DEBRA NELSON						e/Specific Field		
140	ALMO	NT FORES	TDR.				e Els	ection Sum to Date
CII	= MMONS	NC 2701	1 - 0001				12	W/ 127 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					T		\$	1,275.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	(y)	k. Amount
	PJ12017	CHECK	NIA			9-27-19	7	\$ 975.00
	PJL2017	CHECK	N/A			9-15-19	7	\$ 300.00
								\$
3. Cont	ributor Informa	tion		Add	Rem	nove		<b>经过来</b> 2000年2月
a. Fuli Na	ıme, Mailing Addre	ss & Phone		b. Job Titl	le/Profes	sion	d. Co	nments
(includ	e city, state, & zip)			Hou		1		
KA	y LINVI	LLE				NIFE e/Specific Field		
420	O SAVA	NNAH LAN	E				. 61	and a Comman Date
Vo	DUEDE	1:11-10	20001	RE	TIR	FD	-	ection Sum to Date
7	RNERDY	VILLE, N.C.	27284	110	7117	LV	\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		J. Date (mm/dd/yyy	y)	k. Amount
	AJL2017	CHECK	N/	4		10-25-1	9	\$ 25.00
								\$
								\$
3. Cont	ributor Informa	tion		Add	Rem	nove		
a, Full Na	ame, Mailing Addre	ss & Phone		b. Job Titl	le/Profes	sion	d. Co	mments
	e city, state, & zip)			Ho	UCT	WIFE		
PAM	ELA RIC	DINGS DINAL WAY		c. Employ	er's Nam	e/Specific Field		
560	75 CAR	DINAL WAY					a Fla	ection Sum to Date
GRE	ENSBO	RO, N.C. 2	7410				\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y) :	k. Amount
	PJ12017	CHECK	NI	4		9-19-19	7	\$ 100.00
			-					\$
								\$
4. Tot	al only this P	age		4			\$	1,400,00
		O-1210 Pages					e.	
A THE REAL PROPERTY.		of Detailed Summary Pa	ge CRO-1100)			Take the first	\$	2,871.74

### **Contributions from Individuals**

	.1		_	Amendment	
Pg	4	of	5	☐ Yes	No No

Use thi	s form to report i	ndividual contributio	ns over \$50 or c	ontributions und	er \$50 if form CI	3O J	205 is not used	
1. Committee Full Name (and Fund if applicable)							2. ID Number	
PAI	PAMELA LOFLAND CAMPAIGN							
The second secon	tributor Inform	No. of Contract of		Add Rer	nove			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
(includ	le city, state, & zip)			Der:	h = 7			
_	ANN R			c. Employer's Nar				
	O. Box					. 171	lection Sum to Date	
CL	LE MMON	15, N.C. 2	7013			\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount	
	PJ12017	CHECK	NIA	7	10-10-1	9	\$ 25.00	
							\$	
							\$	
3. Cont	tributor Informa	ation		Add Rer	nove	11511		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
- 12	le city, state, & zip)			RETIT	NEN			
ADA	RIENNE (	C. WALLSCH	LEGER	c. Employer's Nan				
190	5 CURA	RAGHMORE				<u></u>		
01		11 6 10	012			e, El	ection Sum to Date	
	EMMONS	, N.C.27	012			\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	(y)	k. Amount	
	PJL2017	CHECK	NJA	1 10-10-1		9	\$ 25.00	
							\$	
							\$	
3. Cont	tributor Informa	ation		Add Rer	nove			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
(includ	le city, state, & zip)			Cara:	N 0.77			
PA	MELA L	LOFLAND		c. Employer's Nam	DA ( <del>L</del> ne/Specific Field	]		
CI	-EMMO	NS, N.C.	27012			e. El	ection Sum to Date	
						\$	871.74	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	/y)	k. Amount	
	PJL2017	CHECK			7-8-19		\$ 5,00	
	PJL2017	C.C.	in Ki	ND	OCT-1	7	\$ 74.94	
	PJL2017	LOAN	NIA		9-6-10	7	\$791.80	
4. Tot	al only this P	age				\$	921,74	
		RO-1210 Pages of Detailed Summary Po	ne CRO-1100)			\$	2,871,74	
1 //45 1	me must be on line o	ој пешиси заттиј Г	Pa CE ( 1100)					

Cont	ributions fi	rom Individua	de	_	5 or 5	-	Amendment
		ndividual contribution					Yes No
		ne (and Fund if app	and the same of th	ond partons and	or \$50 in form Cr		D Number
0	70	OFLAND C	· ·	N			
	tributor Informa		AMILIAND		nove		
EST STATE	ame, Mailing Addre	TACAMET		b. Job Title/Profes		d. C	omments
CONTROL ST	te city, state, & zip)				-	-	
	7 dive			c. Employer's Nan	RED ne/Specific Field	Fu	EPLACEMENT WOS FOR
					2100 / F	Di	ESTACYED SIGNS
CL	EMMON	15, N.C. 2	7012			e. E	lection Sum to Date
							75.00
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	PJL2017	CASH	N/A		9-24-1	9	\$ 75.00
							\$
							\$
3. Cont	tributor Informa	ation		Add Rei	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)						
				- Possilana da Mar			
				c. Employer's Nar	ne/Specific Field		
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(includ	le city, state, & zip)						
				<u> </u>	10 10 10	-	
				c. Employer's Nar	ne/Specific Field	_	
						e. E	lection Sum to Date
						\$	
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							\$
							\$
	+	<del></del>					

Contributi	ons from Other 1	Political Comi	mittees <sub>Pg</sub>	of		Amendment  Ves No
	report contributions from		ferendum or PAG	C committees		
1. Committee F	'ull Name (and Fund if a	applicable)			2. I	D Number
PAMEL	A LOFLAND	CAMPAIG	N			
3. Contributor	Information		Add Rei	move		
a. Full Name, Maili	ing Address & Phone		b. Type of Commi	ittee	d. C	omments
(include city, stat	te, & zi <u>p)</u>		Candidate	☐ PAC		
DEBRA	L. CONRAD		Referendum	) (O (C)	-	
	COMMITTEE	FOR N C KOW	c. Level Registere	d (Specity) County:		
	EMBERTON		State		e. El	ection Sum to Date
				_ , ,	-	The state of the s
	J-SALEM, N.C					100.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	(y)	j. Amount
PJL2017	CHECK	NIA		10-14-1	9	\$ 100,00
						\$
						\$
3. Contributor	Information		Add Rei	nove		
a. Full Name, Mail	ing Address & Phone		b. Type of Commi	ttee	d. C	omments
(include city, stat			Candidate	☐ PAC		
Julia	C. HOWARD	2	Referendum	1.00 10		
HOUSE	COMMITTEE	Acot	c. Level Registere Federal	County.		
202 M	AGNOLIA A	1001	State	Municipality:	e. El	ection Sum to Date
Marke	HOMOLIA A	YE.	-	, ,	\$	***
MOCKS	(ILLE, N.C.	27028			,	100.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	<u>(y)</u> _	j. Amount
AJL2017	CHECK	NIA		10-11-1	9	\$ 100,00
						\$
						\$
3. Contributor	Information		Add Rer	nove		
a. Full Name, Maili	ing Address & Phone		b. Type of Commi		d. C	omments
(include city, stat	te, & zip)		Candidate	☐ PAC		
			Referendum	1.(016-)	-	
			c. Level Registere	County:		
			State	Municipality:	e. El	ection Sum to Date
					l	
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						\$
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						\$
4. Total only th	is Page				\$	200,00
	CRO-1230 Pages				\$	200.00
(This line must be	e on line 8 of Detailed Summa	ry Page CRO-1100)			1	10.

Dis	hiii	rse	me	nts
	vui			11113

Pg	1	of	2	Amendment Yes	□ No
* 6		OI		1 1 1 1 1 1 1 1	140

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

1. Committee l	Full Name (and Fun	d if applicable)	10 Brig		ALEM TERMINE	2. ID Number
PAMEL	LOFLAN	D CAM	PAIR	EN		
3. Type of Dish		use separate Ch				bursement.)
Operating Exp		ntributions to Candida	ites/Polit			ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	failing Address & Ph	one		b. Coordinat	ed Committee Nam	d. Comments
(include city, state				-		
torsyTH	4 COUNTY ON-SALE,	BOARD OF E	LECTIO	C Level Regi	stered (Specify)  County:	
WINST	DN-DALE,	N.C.		State	Municipa	ality: e. Election Sum to Date
			1			\$ 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-	8-19	\$ 5.00	FILING FEE
					\$	
4. Payee Inform	nation			Add	Remove	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta				-		
WEST FO	DRSYTH Hi	64 SCHO	d	a Tanal Dank		
				Federal	stered (Specify)  County:	
CLEM	MONS, N.C	. 27012		State	Municipa	dity: e. Election Sum to Date
	<i>'</i>			_		
			_			\$ 30-00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)		k. Required Remarks
RTL2017	CHECK	K	9-10	7-19	\$ 30.00	SECURITY
					\$	/
4. Payee Inform	nation		101	Add	Remove	
	ing Address & Phone		2142	A STATE OF THE PARTY OF THE PAR	ed Committee Name	d. Comments
(include city, stat						_
CLEMN	ONS COUR	(ED				
		- C - X			stered (Specify)	
CLEMA	MONS N.C	1. 2701a		Federal State	County:	lity: c. Election Sum to Date
1	X			State	Da Municipa	0 66
						\$ 475,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (:	mm/dd/yyyy)	j. Amount	k. Required Remarks
PTL2017	CHECK	A	9-2	7-19	\$ 975.00	NEWSPAPER
V ECAU.					\$	
5. Total only th	ic Page		The black	8-1016 (MS)	Phe Advent by the	\$ 1010 00
						\$ 1,010.00
	CRO-1310 Pages					11-0 (1
	line 13a of Detailed Sun. line 13b of Detailed Sun	• •				\$ 1,179,41
	line 13c of Detailed Sum	• *	•			
	odes (List detailed					
A* - Media	B* - Printi			undraising	<b>D</b> - To /	Another Candidate
E - Salaries	F* - Equip	• •		itical Party		olding Public Office Expenses
I - Postage	J - Penaltic		K* - O	ffice Expen		onation to Legal Expense Fund
O* Other			2000 P. 21			
* Codes requir	e detailed explanati	on in required r	emarks	field (k)		

### Disbursements

	=7		1	Amendment		
Pg	a	of	od_	🖳 Yes	□ No	

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

In-Kind Contributions	Pg	of		Amendment Yes No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refur	ds or services prov	vided to the commit	itee c	or fund.
1. Committee Full Name (and Fund if applicable)	ided within / day	ys.	12.1	ID Number
$\bigcap_{i \in \mathcal{I}} \mathcal{I}_{i}$			Are a	D Number
PAMELA-LOFLAND CAMPAIGN				
3. Contributor Information	APPLICATION OF THE RESIDENCE	move	T DAY	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. C	comments
(include city, state, & zip)	Individual Candidate			
YAMELA LOFLAND	Candidate Party			
The party but being to	Party			
	Referendum		4 E	Hection Sum to Date
	Other Receipt	Source	u. Di	rection Sum to Date
		300,00	\$	
e. Description		f. Date (mm/dd/yyy	vy)	g. Fair Market Amount
		1 800 80000 1 8000 1 100	<u> </u>	1 14
OFFICE SUPPLIES	ļ	10-8-1	9	\$ 24. 1
5 221		100	~	6 0 4 00
OFFICE DUPPLIES		10-4-1	19	\$ 22.00
OFFICE SUPPLIES		10-19-1	19	\$ 28.80
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Co	omments
(include city, state, & zip)	Individual			
	Candidate	1		
	Party	ı		
	PAC PAC	ı		
	Referendum		d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
		_		\$
		<del>                                     </del>	$\rightarrow$	
				\$
				\$
3. Contributor Information	Add Rem	nove		
	b. Type of Contrib	outor	c. Co	omments
(include city, state, & zip)	Individual			
•	Candidate	ļ		
	Party	ļ		
	PAC	ļ	<u> </u>	
	Referendum		d. El	lection Sum to Date
	Other Receipt !	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
	_		$\Box$	\$
			$\overline{}$	
		<b>非常建设公司</b>		
4. Total only this Page			\$	74.94
5. Total of ALL CRO-1510 Pages			\$	74 94

Amendment

Refunds/Reimbursements From the Con	nmittee Pe	of	Amendment    Yes   No		
Use this form to report refunds/reimbursements, including contributions returned to the contributor.					
1. Committee Full Name (and Fund if applicable)			2. ID Number		
PANELA LOFLAND CAMPAIS	N				
3. Payee Information	Add Re	move			
a. Full Name, Mailing Address & Phone	d. Type of Comm	ittee	h. Original Receipt Date		
(include city, state, & zip)	Candidate	PAC	0 15 16		
NEUDONE CONDONE	Referendum	Party	9-17-19		
NEUDORF CORPORATION	e. Level Registere	d	i. Original Receipt Amount		
6350 CEPHIS DR.	Federal State	County: Municipality:	\$ 25.00		
CLEMMONS, N.C. 27012	f. Purpose Code		j. Election Sum to Date		
	L		\$ 25.00		
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code		
OWNER BUS			PJL2017		
. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	The state of the s		
CHECK BUSINESS FUNDS F	RETURNET	10-28-11	9 \$ 25.00		
3. Payee Information	Add Rei	nove			
a. Full Name, Mailing Address & Phone	d. Type of Commi	ttee	h. Original Receipt Date		
(include city, state, & zip)	Candidate	PAC			
	Referendum	Party			
	e. Level Registere	ď	i. Original Receipt Amount		
	Federal	County:	\$		
	State	Municipality:			
	f. Purpose Code		j. Election Sum to Date		
			\$		
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code		
I. Form of Payment m. Required Remarks		n. Date (mm/dd/yyy	yy) o. Amount		
		112242 881	S		
2 D Y C	Add D Do	nove			
3. Payee Information	The Control of the Co		h Outsing Reseipt Date		
a. Full Name, Mailing Address & Phone	d. Type of Commi	PAC	h. Original Receipt Date		
(include city, state, & zip)	Referendum	Party			
	e. Level Registere		i. Original Receipt Amount		
	Federal	County:			
	State	Municipality:	\$		
	f. Purpose Code		j. Election Sum to Date		
			\$		
			φ.,		
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code		
I. Form of Payment m. Required Remarks		n. Date (nm/dd/yy)			
			\$		
4. Total only this Page	FEE CALL WAY		\$ 25,00		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)  \$ 25,00					
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit  P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remar	ks field (m)				



### **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: PAMELA	LOFLAND CAMPAIGN
Person or committee to make loan:      AMELA	LOFLAND
Date of loan to committee: 9-6-19	
Name of lending institution and account number (s     CANDIDATE	source):
• Amount of loan: 791, 80	
Description (if in-kind loan):     NA	
Names of all parties responsible for payment of loa     PAMELA LOFLAND	an (guarantors):
Period of loan: OPEN	
Rate of interest of loan:	
Security pledged for loan:	
(Person Yending methey to committee)	edge that all of the information
provided is complete, true, and accurate. I further under	stand I may not forgive a loan
that has an outstanding balance to any source.	10-28-19
Signature of Lender	Date Signed
Jan fa Sand	10-28-19
Signature of Treasurer of Committee	Date Signed

Loan Proceeds			Pg	of	Amendment No
Use this form to report proceeds from a loan and loan A loan proceeds statement must accompany each loan					
1. Committee Full Name (and Fund if applicable)	Trace 13 11	om an ma	TYICIGAT	78	2. ID Number
PAMELA LOFLAND CAMI	PAIG	N			
3. Lender Information		Add	Remove	1	
a. Full Name, Mailing Address & Phone		b. Job Title/	Profession		d. Comments
(include city, state, & zip)		Carl	DIDATE	_	
PAMELA LOFLAND		CAIL	DITHLE	_	e. Start Date (mm/dd/yyyy)
20,210	ſ	c. Employer	's Name/Specif	ic Fiel	d
CLEMMONS, N.C. 2701	12				f. End Date (mm/dd/yyyy)
r Chicardon and					-
					NA
g. Rate h. Security Pledged	i. Accoun	t Code	j. Form of Pa	ymen	k. Amount
0 %	PJL	2017	CHE	CA	1 5791.80
I. Full Name of Lending Institution		_			m. Loan Number
CANDIDATE					0
4. Endorsers/Makers (The people who guarantee the loan	1.)			163	
a. Full Name, Mailing Address & Phone	1	o. Job Title/	Profession		c. Employer's Name/Specific Field
(include city, state, & zip)					
	[	J. Percentag	e		e. Amount
				%	\$
a. Full Name, Mailing Address & Phone	l.	o. Job Title/I	Profession		c. Employer's Name/Specific Field
(include city, <u>sta</u> te, & zip)	_				
	C	l. Percentag	e		e. Amount
				%	\$
a. Full Name, Mailing Address & Phone	- li	o. Job Title/I	Profession		c. Employer's Name/Specific Field
(include city, state, & zip)					
	4	l. Percentage	e		e. Amount
				%	5
a. Full Name, Mailing Address & Phone	lt.	o. Job Title/f	Profession		c. Employer's Name/Specific Field
(include city, state, & zip)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or adaptor of the deposite Fred
-					
	d	l. Percentage	ē		e. Amount
				%	\$
5 Total of ALL CDO 1410 D		14 (2-15)			
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1)	100)				s 791,80