

# Disclosure Report Cover

Amendment  Yes  No

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

a. Full Name <b>COMMITTEE TO ELECT TOM ROPER COUNTY COMMISSIONER</b>		c. ID Number <b>7HL212</b>
b. Mailing Address (include City, State and Zip Code) <b>805 EASTWOOD CT BURGAW, NC 28425</b>		d. Date Filed
		e. Phone Number <b>910-471-3494</b>

<b>2008</b>	<b>2/22/08</b>	<b>04/19/08</b>
-------------	----------------	-----------------

<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
--	--	---	---	---

a. Financial Institution Full Name	a. Financial Institution Full Name
b. Purpose <b>CAMPAIGN</b>	b. Purpose
c. Account Code <b>TR</b>	c. Account Code
d. Period Begin Balance <b>\$ 3,000.00</b>	d. Period Begin Balance <b>\$</b>

**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.

**THOMAS JARDINE ROPER** *Thomas Jardine Roper* **4/4/09**  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received	Employee	Delivery Method
Date Postmarked	Employee	<input type="checkbox"/> Normal Mail
Date Scanned	Employee	<input checked="" type="checkbox"/> Registered Mail
Date Data Entered	Employee	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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.

# Detailed Summary

Amendment  
 Yes  No

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

Start of Election Cycle: January 1, <u>2008</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 3,000.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 117.00	\$ 117.00
6) Contributions from Individuals	(CRO-1210)	\$ 3500.00	\$ 3500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 3000.00
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3617.00	\$ 6617.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5165.71	\$ 5165.71
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5165.71	\$ 5165.71
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1451.29	\$ 1451.29
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 3,000.	\$
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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$



**Contributions from Individuals**

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

4. Contributor Information						
COMMITTEE TO ELECT TOM ROPER COUNTY COMMISSIONER						7HL212
5. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tom Roper 805 EASTWOOD CT BURGAW NC			REATOR			
			c. Employer's Name/Specific Field			
			SOUTHEASTERN REAL ESTATE CO IXL.			
					e. Election Sum to Date	
					\$ 3400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	TR	PERSONAL CHECK		3/20/08	\$ 500.	
<input type="checkbox"/>	TR	TRANSFER		4/1/08	\$ 900.	
<input type="checkbox"/>	TR	PERSONAL CHECK		4/11/08	\$ 2000.00	
6. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PETE PADGETT 8349 HAY 11 WILLARD NC 28478			INSURANCE BROKER			
			c. Employer's Name/Specific Field			
			CAROLINA INSURANCE			
					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"/>	TR	CHECK		4/1/08	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
7. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 3500.	
5. Total on all CRO 1205s					\$ 3500.	

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

2. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
TOM ROPER 805 EASTWOOD CT BURGAN NC 28425	REALTOR	7 H 2 212	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
	SOUTHEASTER REALESTATE INC	2/21/08	
		f. End Date (mm/dd/yyyy)	
		5/30/08	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	NONE	\$ 3,000.	\$ 3000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
		e. Start Date (mm/dd/yyyy)	
	c. Employer's Name/Specific Field	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
		e. Start Date (mm/dd/yyyy)	
	c. Employer's Name/Specific Field	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
			\$
			\$

# Disbursements

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

COMMITTEE TO ELECT TOM ROPER COUNTY COMMISSIONER 117 L212

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
SONY PARKER PARKER'S BBQ TAYLOR, NC				DINNER	
c. Level Registered (Specify)				e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:				\$ 485.00	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	0	4/12/08	\$ 485.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Piggly Wiggly WILMINGTON ST BURGAN NC				CHECK FOR DINNER	
c. Level Registered (Specify)				e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:				\$ 83.62	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	0	4/12/08	\$ 83.62	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
TOPSAIL VOICE PO BOX 1679, 28537 MOOREHEAD CITY NC					
c. Level Registered (Specify)				e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:				\$ 275.04	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	A	4/17/08	\$ 91.68	
				\$	

\$ 660.30

(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)

\$ 5165.71

- 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 Expense      O\* - Other

**Disbursements**

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

COMMITTEE TO ELECT TOM ROPEZ COUNTY COMMISSIONER 11FL212

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
PENDER POST 201 A FREMONT ST BURGAN NC 28425					
c. Level Registered (Specify)		e. Election Sum to Date			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 814.49			

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	A	4/1/08	\$ 144.00	
TR	check	A	4/1/08	\$ 344.65	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
TOTAL IMAGE 1745-A Hwy 1175 BURGAN NC 28425					
c. Level Registered (Specify)		e. Election Sum to Date			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2453.10			

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	B	4/8/08	\$ 640.50	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
IBC MOUNTAIN PO BOX 591 ROCKY MOUNT NC 27802				ROLLS FOR DINNER	
c. Level Registered (Specify)		e. Election Sum to Date			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 44.46			

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	O	4/12/08	\$ 44.46	
				\$	

\$ 1173.61

(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)

\$ 5145.71

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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 | O* - Other                          |

# Disbursements

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

COMMITTEE TO ELECT TOM POPEL COUNTY COMMISSIONER 117 L212

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	c. Comments
PENDER POST 201A West Fremont BURGAN NC 28425			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date	
		\$ 814.49	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	CHECK	A	3/3/08	\$ 56.00	
TR	CHECK	A	3/11/08	\$ 56.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	c. Comments
TOTAL IMAGE 745-A Hwy 1775 BURGAN NC 28425			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date	
		\$ 2453.10	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	B	3/3/08	\$ 1376.59	
TR	check	B	4/3/08	\$ 436.01	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	c. Comments
TOPSAIL VOICE PO BOX 1679 MOREHEAD CITY NC 28557			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date	
		\$ 275.04	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	check	A	3/4/08	\$ 61.12	
TR	check	A	3/14/08	\$ 122.24	

\$ 2107.96

(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)

\$ 5165.71

- 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      O\* - Other

# Disbursements

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

COMMITTEE TO ELECT TOM ROPEL COUNTY COMMISSIONER 11FL212

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
PENDER POST 201A WEST FREMONT BURGAN NC 28425			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 814.49	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	A	3/21/09	\$ 108.00	
TR	Check	A	3/25/09	\$ 105.84	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
BLUE WATER PRODUCTIONS 101 PINE LAKE SAKIMA, WA 98908			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 560.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	A	3/12/09	\$ 560.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
PENDER COUNTY Schools PENDER LEA HWY BURGAN NC 28425			RENTAL OF GYM
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 450.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	O	3/24/09	\$ 450.00	
				\$	

\$ 1223.84

(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)

\$ 5765.71

- 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
- O\* - Other