

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

2008	4/20/08	6/30/08	
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<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> 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	Municipal <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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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	Referendum <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
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a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code TR	b. Purpose	c. Account Code
d. Period Begin Balance \$ 1451.29		d. Period Begin Balance \$	

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 4/6/09
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>APR 10 2009</u>	Employee: <u> </u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

Committee Name		2nd	7HL212	
Start of Election Cycle:		January 1, 2008	Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start		\$ 1451.29	\$ -0-
5)	Aggregated Contributions from Individuals (CRO-1205)		\$	\$ 117.00
6)	Contributions from Individuals (CRO-1210)		\$ 3100.00	\$ 6600.00
7)	Contributions from Political Party Committees (CRO-1220)		\$ 1000.00	\$ 1000.00
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)		\$ 4100.00	\$ 10,717.00
13)	Disbursements			
13a)	Operating Expenditures (CRO-1310)		\$ 4261.70	\$ 9427.41
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)		\$ 4261.70	\$ 9427.41
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1289.59	\$ 1289.59
20)	Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	\$
21)	Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 3000.00	\$
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-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

Committee TO ELECT TOM ROPER COUNTY COMMISSIONER						7HL212
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
KEVIN STRICKLAND PO BOX 220 BURGAN NC 28425		ATTORNEY				
		c. Employer's Name/Specific Field				
		KEVIN STRICKLAND ATTORNEY AT LAW		e. Election Sum to Date		\$ 500.00
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		4/30/08	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
BILLY O RIVENBANK 580 JOHNSON NURSERY RD. WILLARD NC 28478		RETIRED				
		c. Employer's Name/Specific Field				
				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		4/30/08	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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				
		c. Employer's Name/Specific Field				
		SOUTHERN REAL ESTATE INC		e. Election Sum to Date		\$ 5900.00
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		6/10/08	\$ 2500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 3100.00	
					\$ 3100.00	

Contributions from Political Party Committees

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Amendment
 Yes No

Use this form to report contributions from a political party

Contributor Information					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)					b. Comments
Committee to Elect Tom Roper ^{COUNTY} COMMISSIONER					7H212
c. Election Sum to Date					\$ 1000.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
TR	CHECK		4/30/08	\$ 1000.00	
				\$	
				\$	
Contributor Information					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)					b. Comments
c. Election Sum to Date					\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
Contributor Information					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)					b. Comments
c. Election Sum to Date					\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
				\$ 1000.00	
				\$ 1000.00	

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 11F L212

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> B-LINE PRINTING Hwy 117 BURGAW NC 28425	b. Coordinated Committee Name _____	d. Comments _____
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 \$ 292.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	B	6/10/08	\$ 292.88	
				\$	

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> TOPSAIL VOICE PO BOX 1679 MOREHEAD CITY NC	b. Coordinated Committee Name _____	d. Comments _____
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 \$ 1796.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	A	6/10/08	\$ 1521.85	
				\$	

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> _____	b. Coordinated Committee Name _____	d. Comments _____
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

	\$ 1814.73
(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)	\$ 4261.70

- | | | | |
|--------------|----------------|---------------------|-------------------------------------|
| 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 Full Name and Candidate Name		CRO Number			
COMMITTEE TO ELECT TOM ROPER (COUNTY COMMISSIONER)		71FL212			
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Expense Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
PENDER CHRONICLE 107N COLLEGE ST WALLACE NC 28466		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:			
			\$ 1256.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	A	4/25/08	\$ 1256.60	
				\$	
Expense Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
PENDER POST 201A WEST FREMONT BURGAW 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:			
			\$ 1601.99		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	A	4/29/08	\$ 1787.50	
				\$	
Expense Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
TOTAL IMAGE 745-A HWY 117S BURGAW NC 28425		c. Level Registered (Specify)	e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			\$ 2855.97		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR	Check	B	5/1/08	\$ 402.87	
				\$	
				\$ 2446.97	
(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)				\$ 4261.70	
Purpose Codes (See Detailed Explanation in Commission Rules 100.06)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
				H* - Holding Public Office Expenses	
				O* - Other	

Outstanding Loans

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

COMMITTEE TO ELECT TOM ROPER COUNTY COMMISSIONER			7H2212
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
TOM ROPER 605 EASTWOOD CT BURBANK NC 28425		REALTOR	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		SOUTHEASTERN REML ESTATE 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
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			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
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			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
			\$
			\$