

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 ROPEZ 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	7/1/08	10/10/08
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<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	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 type="checkbox"/> Second <input checked="" 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	b. Purpose
c. Account Code TR	c. Account Code
d. Period Begin Balance \$ 1289.59	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 ROPEZ *Thomas Jardine Ropez* **4/9/09**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: APR 08 2009	Employee: [Signature]	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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

Yes No

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

Start of Election Cycle:		January 1,	2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 1289.59	\$ -0-
5) Aggregated Contributions from Individuals	(CRO-1205)			\$	\$ 117.00
6) Contributions from Individuals	(CRO-1210)			\$	\$ 6600.00
7) Contributions from Political Party Committees	(CRO-1220)			\$	\$ 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)				\$	\$ 10,717.00
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)			\$	\$ 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)				\$	\$ 9427.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$	\$ 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)			\$	\$

Outstanding Loans

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
COMMITTEE TO ELECT TOM ROPER COUNTY COMMISSIONER TOM ROPER 605 EASTWOOD CT BURGAW NC 28425		REALTOR SOUTHEASTERN REAL ESTATE INC	FH 212 e. Start Date (mm/dd/yyyy) 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
			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
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
			\$
			\$