

# 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

<b>I. Committee Information</b>				
a. Full Name <i>Committee to Elect Kathryn (Kathy) Bannerman For ROE</i>			c. ID Number <i>7H 282K</i>	
b. Mailing Address (include City, State and Zip Code) <i>PO Box 647 BURGAW NC 28425</i>			d. Date Filed <i>10/27/08</i>	
			e. Phone Number <i>910-259-8990</i>	
2. Report Year <i>2008</i>	3. Period Start Date (mm/dd/yy) <i>8/12/08</i>	4. Period End Date (mm/dd/yy) <i>10/18/08</i>	5. Treasurer Full Name <i>Joyce M. Swicegood</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<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		
7. Type of Fund (if applicable, check one)		<b>State/County</b> <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		<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
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input checked="" type="checkbox"/> Other: <i>Political Candidate Financing Fund for ROE</i>		10. Special Report Name		
8. Number of Fundraisers this Report <i>-0-</i>				
<b>II. Account Information</b>		<b>II. Account Information</b>		
a. Financial Institution Full Name <i>BANK of AMERICA</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign</i>	c. Account Code <i>K2B</i>	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ -0-</i>		d. Period Begin Balance <i>\$</i>	
<b>CERTIFICATION</b>				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f).				
<i>Joyce M Swicegood</i> Printed Name of Signer		<i>Joyce M Swicegood</i> Signature of Appointed Treasurer		<i>10/18/08</i> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<i>REC'D OCT 24 2008</i>	Employee:	<i>AB</i>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
<b>Please Note:</b> 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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Committee to Elect Kathy (Kathy) BANNERMAN FOR BO		3rd Quarter	7H282K	
Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0-	\$ 0-	
<b>RECEIPTS</b>				
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$	
6) Contributions from Individuals (CRO-1210)		\$ 5241.21	\$ 5241.21	
7) Contributions from Political Party Committees (CRO-1220)		\$ 250.00	\$ 250.00	
8) Contributions from Other Political Committees (CRO-1230)		\$	\$	
9) Loan Proceeds (CRO-1410)		\$	\$	
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)		\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 5491.21	\$ 5491.21	
<b>EXPENDITURES</b>				
13) Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 4371.70	\$ 4371.70	
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)		\$ 4371.70	\$ 4371.70	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1119.51	\$ 1119.51	
<b>ADDITIONAL INFORMATION</b>				
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)		\$	\$	
25) Administrative Support (CRO-1710)		\$	\$	
26) Forgiven Loans (CRO-1440)		\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$	\$	
27) 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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Kathryn (Kathy) BANNERMAN for Rep				7H282K	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Joyce M Swicegood Campaign Fund Po Box 252 BURGAW NC 28425 259-5208		R 8 Deeds Pentler Co.		Balance Closed Campaign Funds Swicegood w/drew From Race	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 291.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check		8/12/08	\$ 291.21
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Kathy BANNERMAN PO Box 647 BURGAW NC 28425 259-8990		Broker/Investor SELF Employed		In kind loan/ contribution to her Election Campaign Fund	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 1000 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check	check	8/12/08	\$ 1000 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rebecca Pitchford 3858 NC Hwy 53E BURGAW NC 28425 259-4440		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 500 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check		8/12/08	\$ 500 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 1791.21	
5. Total of ALL CRO-1210 Pages				\$ 5241.21	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

# 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 Kathryn (Kathy) BANNERMAN FOR REP					7H282K	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
James E Basden PO Box 458 Burgaw NC 28425 259-4715			Retired			
			<b>c. Employer's Name/Specific Field</b>			
			_____		<b>e. Election Sum to Date</b>	
					\$ 125 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		8/21/08	\$ 125 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Patricia Boykin 406 E. Cliff St. Wallace NC 28466 285-9258			Broker			
			<b>c. Employer's Name/Specific Field</b>			
			self		<b>e. Election Sum to Date</b>	
					\$ 200 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		8/21/08	\$ 200 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RV Biberstein Jr PO Box 428 Burgaw NC 28425 259-2177			Attorney			
			<b>c. Employer's Name/Specific Field</b>			
			Biberstein + Nunake Attorneys		<b>e. Election Sum to Date</b>	
					\$ 500 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		8/21/08	\$ 500 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 825 <sup>00</sup>	
					\$ 5241.21	

# 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 Kathryn (Kathy) BANNERMAN FOR REP					7H282K	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARK NUNALEE 343 Sandpiper Lane Hampstead NC 28443 259-2177			Attorney			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			Biberstein + Nunalee Attorney		\$ 500 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		8/26/08	\$ 500 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Victor H.E. Morgan Jr 121 Aldergate Rd Jacksonville NC 28546 346-1994			Attorney			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			self		\$ 100 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/2/08	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Linwood Meadows PO Box 842 Burgaw NC 28425 259-9621			INSURANCE			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			FARM BUREAU		\$ 250 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/8/08	\$ 250 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 850 <sup>00</sup>	
					\$ 5241.21	

**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 Kathryn (Kathy) BANNERMAN LOR ROAD					7H282K	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARGARET E. YORK PO Box 493 BURGAW NC 28425 259-2904			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/12/08	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PAT Whitfield 108 OAK Hill DR Rocky Point NC 28157			Student AFFAIRS			
			<b>c. Employer's Name/Specific Field</b>			
			CTCC Wilmington NC		<b>e. Election Sum to Date</b>	
					\$ 75 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/12/08	\$ 75 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JENNINGS TRAWICK PO Box 956 BURGAW NC 28425 259-2904			Unemployed			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 250 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/12/08	\$ 250 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 425 <sup>00</sup>	
					\$ 5241.21	

# 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 Kathryn (Kathy) BANNERMAN FOR ROAD					7N282K	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARY ANN + Joseph Briley 304 N Bickett St BURGAW NC 28425 259-5344			Retired CSC + Retired Police Chief			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 100 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		9/24/08	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Admah LANIER JR 3925 Scatts Hill Loop Rd Wilmington NC 28411 686-7694			Retired			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 100 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		10/9/08	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Chris MARKS 2453 Crooked Run Rd Willard NC 28478 255-5502			Self employed			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50 <sup>00</sup>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	K2B	check		10/9/08	\$ 50 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 250 <sup>00</sup>	
					\$ 5241.21	

# 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 KATHRYN (Kathy) BANNERMAN FOR REP 7H282K

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Robert CALDER 539 McEachern Ct. Wilmington NC 28412 395-1266	<b>b. Job Title/Profession</b>  Attorney  <b>c. Employer's Name/Specific Field</b>  self	<b>d. Comments</b>    <b>e. Election Sum to Date</b> \$ 100 <sup>00</sup>
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check		10/13/08	\$ 100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Rhett + Harold Pollock 105 Fremont St. Burgaw NC 28425 259-6030	<b>b. Job Title/Profession</b>  A  <b>c. Employer's Name/Specific Field</b>  self	<b>d. Comments</b>    <b>e. Election Sum to Date</b> \$ 1000 <sup>00</sup>
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check		10/16/08	\$ 1000 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>  <b>c. Employer's Name/Specific Field</b>  self	<b>d. Comments</b>    <b>e. Election Sum to Date</b> \$
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	K2B	check			\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 1100<sup>00</sup>  
\$ 5241,21



# Contributions from Political Party Committees

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Committee to Elect KATHRYN (Kathy) BANNERMAN FOR R.O.D.						7H282K	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)						<b>b. Comments</b>	
Pender County Democratic Women c/o Bethia Towns / Treas BURGAU NC 28425							
<b>c. Election Sum to Date</b>						\$ 250 <sup>00</sup>	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>			<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>	
KTB	check				10/1/08	\$ 250 <sup>00</sup>	
						\$	
						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)						<b>b. Comments</b>	
<b>c. Election Sum to Date</b>						\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>			<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>	
						\$	
						\$	
						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)						<b>b. Comments</b>	
<b>c. Election Sum to Date</b>						\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>			<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>	
						\$	
						\$	
						\$	
<b>4. Total only this Page</b>						\$ 250 <sup>00</sup>	
<b>5. Total of ALL CRO-1220 Pages</b> <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						\$ 250 <sup>00</sup>	

# 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 Kathryn (Kathy) BAUMERMAN FOR RD 7H282K

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	
BANK of AMERICA Fremont St. BURGA W NC 28425 259-2152					
		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:		\$ 29 <sup>00</sup>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	BK DRAFT	0	8/12/08	\$ 29 <sup>00</sup>	Checks Printed
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Total Image Adv 245A Hwy 1175 BURGA W NC 28425 259-6666					
		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:		\$ 2272.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	B	9/9/08	\$ 2272.71	Print/signs
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Rocky Pt. Harvest Festival PO Box 485 Rocky Point NC 28457					
		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:		\$ 35 <sup>00</sup>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	0	9/11/08	\$ 35 <sup>00</sup>	Parade Fee
				\$	

\$ 2336.71

(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)

\$ 4371.70

- 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 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 Kathryn (Kathy) BANNERMAN FOR RPD 7H282K

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	
Bee Line Printing 401 US Hwy 117S Burgaw NC 28425 259-1717					
		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:		\$ 96.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	B	9/12/08	\$ 96.61	Handouts
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
TOTAL IMAGE ADV 745A Hwy 117S BURGAW NC 28425 259-6666					
		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:		\$ 2379.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	B	9/23/08	\$ 106.75	Printing/signs
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Pender Chronicle Chouse Ave Burgaw NC 28425 259-2054					
		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:		<del>228.38</del>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	9/25/08	\$ 228.38	Advertisement
				\$	

					\$ 431.74
(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)					\$ 4371.70

- 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 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 Kathryn (Kathy) BANNERMAN FOR RD 7H 282K

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 PO Box 955 BURGAW NC 28425 259-9111					
		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:		\$ 204.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	9/25/08	\$ 204.75	Advertising
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Topsail Voice/Mark PO Box 880 Hamptstead NC 28443 NUNALEE					
		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:		\$ 229.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	9/30/08	\$ 229.20	Advertising - refund to Nunalee for advance to TopVoice
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Pender Post PO Box 955 BURGAW NC 28425 259-9111					
		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:		\$ 285.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/2/08	\$ 81.00	Advertisement
				\$	

				\$ 514.95	
(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)				\$ 4371.70	

- 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 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 Kathryn (Kathy) BANNERMAN FOR RPD 7H282K

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	
TOPSA:1 Voice/MARK PO Box 880 NUNALEE Hampstead NC 28443					
		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:		\$ 320.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/3/08	\$ 91.68	Advertisement
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
TOTAL IMAGE ADV. 745 A Hwy 117 S BURGAW NC 28425 259-6666					
		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:		\$ 2726.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	B	10/3/08	\$ 346.94	Print/signs
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Pender Chronicle Cthouse Ave BURGAW NC 28425 259-2054					
		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:		\$ 318.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/7/08	\$ 90.00	Advertisement
				\$	

					\$ 528.62
(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)					\$ 4371.70

- 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 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 Kathryn (Kathy) BANNERMAN FOR RD 7H 2825

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 PO Box 955 Burgaw NC 28425 259-9111					
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
					\$ 366.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/7/08	\$ 81 <sup>00</sup>	Advertisement
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Topsail Voice/Mark Nunalee PO Box 880 Hampstead NC 28443					
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
					\$ 412.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/16/08	\$ 91 <sup>68</sup>	Advertising Refund to Nunalee for Advance Exp Ad
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Pender Chronicle Courthouse Ave Burgaw NC 28425 259-2054					
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
					\$ 405.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/16/08	\$ 87 <sup>00</sup>	Advertisement
				\$	

					\$ 259.68
(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)					\$ 4371.70

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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 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 Kathryn (Kathy) BANNERMAN FOR REP 7H 282K

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	
Topsail Voice PO Box 880 Hampstead NC 28443		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:		
				\$ 712,56	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KRB	check	A	10/16/08	\$ 300 <sup>00</sup>	Advertisement
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		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:		
				\$	

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		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:		
				\$	

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

(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)

\$ 300<sup>00</sup>

\$ 4371.70

- 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 Expenses      O\* - Other