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

1. Committee Information

a. Full Name	c. ID Number
DAn Ford for County Commissioner	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
3711 Wyatt St. Fay NC 28304	4-24-08
	e. Phone Number
	425-3597

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	2-21-08	4-19-08	Phyllis Robertson Williams

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
BB+T	
b. Purpose	**c. Account Code**
	1
	d. Period Begin Balance
Checking	$ 1166.85

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 undisclosed 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

Printed Name of Signer	Signature of Appointed Treasurer	Date
Phyllis R. Williams	Phyllis R. Williams	4-24-08

FOR OFFICE USE ONLY

Date Received:	6-19-08	Employee:	Angie
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ 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

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Dan Fox for County Comm.	1st Quarter - Plus	

Start of Election Cycle: ~~January 1,~~ 2/12/08 -0-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start -0-	$ 1164.85	$ -0-
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	$ 520.00	$ 520.00
6) Contributions from Individuals (CRO-1210)	$ 1800.00	$ 2520.00
7) Contributions from Political Party Committees (CRO-1220)	$ —	$ —
8) Contributions from Other Political Committees (CRO-1230)	$ 250.00	$ 250.00
9) Loan Proceeds (CRO-1410)	$ 2000.00	$ 3,000.00
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)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	$ 4570.00	$ 6270.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	$ 2260.75	$ 2793.90
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)	$ 2260.75	$ 2793.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	$ 3476.10	$ 3476.10
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	$ —	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	$ 1,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	$ 3,000.00	
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-2220)	$ —	$ —
28) Contributions to be Refunded (CRO-1215)	$ —	$ —

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dixon for County Commissioners	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove	1	ck		4.13.08	$ 25.00	Kelly
☐ Add ☐ Remove	1	ck		4.14.08	$ 25.00	Runyan
☐ Add ☐ Remove	1	ck		4.10.08	$ 20.00	Bev
☐ Add ☐ Remove	1	ck		4.12.08	$ 20.00	Henly
☐ Add ☐ Remove	1	ck		4.3.08	$ 5.00	Hames
☐ Add ☐ Remove	1	ck		4.3.08	$ 25.00	Mercer
☐ Add ☐ Remove	1	ck		4.4.08	$ 25.00	Weeks
☐ Add ☐ Remove	1	ck		4.4.08	$ 50.00	Washburn
☐ Add ☐ Remove	1	ck		4.4.08	$ 50.00	Pearce
☐ Add ☐ Remove	1	ck		4.3.08	$ 50.00	Reynolds
☐ Add ☐ Remove	1	ck		4.2.08	$ 50.00	Lancaster
☐ Add ☐ Remove	1	ck		4.7.08	$ 25.00	G.I Ford
☐ Add ☐ Remove	1	ck		3.11.08	$ 50.00	Hyde
☐ Add ☐ Remove	1	ck		4.6.08	$ 50.00	Craver
☐ Add ☐ Remove	1	ck		4.5.08	$ 50.00	Carlyle
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 520.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 520.00

Contributions from Individuals

Pg 1 of 5

Amendment ☐ Yes ☐ No

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
Dan Ford	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Julia Butler 3710 Berger Dr Fay NC 04	retiree			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.12.08	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sharon Munnery 818 Ramsey St Fay NC 04	Secretary	Coll Security		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.8.08	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Charles Gore 3174 Bittersweet Dr Fay NC 28306	Contractor	Gore Construction		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.4.08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☐ No

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Howard Loughlin 3005 Rathburn Ct Fay NC 03	Dr.	FAHEC		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.5.08	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Fred McKinney PO Box 58282 Fay NC 05	retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.3.08	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jo Ann Lowder 1814 Wendover Dr Fay NC 04	retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.7.08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of 5

Amendment ☐ Yes ☐ No

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James Burgess 733 Greenland Dr Fay NC 05	Security	Federal		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4-7-08	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carolyn Mercer 1846 Warne Ln Fay NC 04				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4-7-08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 4 of 5

Amendment ☐ Yes ☐ No

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Vaughn 804 Stamper Rd Fay NC 28303	Dr	Vaugh M.D. & Associates		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Ck		3 18 08	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Cannon Austin 3709 Wyatt St Fay NC 04	Owner	Pure Gas		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		3 18 08	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Raymond Gaskins 168 S. Churchill Rd Fay NC 03	Dr.	Medone		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4-18 08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☐ No

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
George Franks 222 Viking Dr Fay NC 28303	Judge	State		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.14	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bruce Armstrong 5431 Thompson Cir Hills NC 28348	Attorney	owner		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.13.08	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joe Raynor 2108 Morganton Rd Fay NC 05	retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	ck		4.16.08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1800.00 ~~2050.00~~

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dan Ford	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
NC Realtors PAC 4511 Weybridge Lane Greensboro NC 27407	☐ Candidate ☑ PAC ☐ Referendum c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	C/C		4.2.08	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$

Loan Proceeds

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dan Ford for County Commissioner	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Daniel Ford 3711 Wyatt St. Fay NC 28301	Retired	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy): 3.31.08
		f. End Date (mm/dd/yyyy):

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
— %	Self	1	CK	$ 2,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	b. Job Title/Profession	c.	$ 2,000.00

Disbursements

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Dan Ford for County Commissioner	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
King Signs Rayford Rd Fay NC 28304		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ck	O	3.25.08	$ 320.25	magnetic signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Worth Printing 109 Gillespie St. Fay NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 909.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ck	B	4-1-08	$ 565.50	Letterhead
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Direct Mail Services PO Box 1415 Fay NC 02		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ck	I	4-1-08	$ 1375.00	mailings
				$	

5. Total only this Page $ 2260.75

6. Total of ALL CRO-1310 Pages $ 2260.75

(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)

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

* Codes require detailed explanation in required remarks field (k)

Outstanding Loans

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
DAn Ford for County Commissioner	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
DAniel Ford 3711 Wyatt St FAY NC 28304	Retired	Self
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy): 2/24/08
		f. End Date (mm/dd/yyyy):

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	—	$ 1,000.00	$ 1,000.00

k. Full Name of Lending Institution	l. Loan Number
Self Loan	—

3. Lender Information ☐ Add ☐ Remove

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

3. Lender Information ☐ Add ☐ Remove

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

4. Total only this Page		$ 1,000.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	i. Original Loan Amount	$