...ure Report Cover

...rm for general report and committee information, must be signed and submitted along with other detailed forms.
...e this form to update information

Amendment ☐ Yes ☒ No

RECEIVED APR 26 2010 BY:

...ittee Information

Full Name
...OTT DACEY CAMPAIGN

b. Mailing Address (include City, State and Zip Code)
POST OFFICE BOX 15395
NEW BERN, NC 28561

c. ID Number
TCDH5A

d. Date Filed
04/26/2010

e. Phone Number
242-349-0139

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	01/01/2010	04/21/2010	JEANNIE M. TYSON

6. Type of Committee (Check One)
- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

...umber of Fundraisers this Report
0

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

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
- ☐ Mid Year
- ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
- ☒ First
- ☐ Second
- ☐ Third
- ☐ Fourth
- Semi-annual
- ☐ Mid Year
- ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
FIRST SOUTH BANK

b. Purpose
BANKING

c. Account Code
1

d. Period Begin Balance
$ 50.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Jeannie Tyson
Printed Name of Signer

Jeannie Tyson
Signature of Appointed Treasurer

4.26.10
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

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
SCOTT DACEY CAMPAIGN	FIRST QUARTER	TCDH5A

Start of Election Cycle: January 1, 2010

		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 50.00	$ 50.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 193.75	$ 193.75
6) Contributions from Individuals	(CRO-1210)	$ 7,042.50	$ 7,042.50
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 300.00	$ 300.00
9) Loan Proceeds	(CRO-1410)	$ 2,000.00	$ 2,000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$ 12.50	$ 12.50
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)*		$ 9,548.75	$ 9,548.75
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 4,892.36	$ 4,892.36
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)*		$ 4,892.36	$ 4,892.36
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 4,706.39	$ 4,706.39
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 2,000.00	
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)	$	$

Aggregated Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)
SCOTT DACEY CAMPAIGN

2. ID Number
TCDH5A

3. Contributor Information

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒	Add	1	CHECK		03/10/10	$ 50.00
☐	Remove					
☒	Add	1	CHECK		03/10/10	$ 50.00
☐	Remove					
☒	Add	1	CHECK		03/10/10	$ 23.75
☐	Remove					
☒	Add	1	CHECK		03/26/10	$ 20.00
☐	Remove					
☒	Add	1	CASH		04/16/10	$ 50.00
☐	Remove					
☐	Add					$

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCOTT DACEY COMMITTEE	TCDH5A

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
GARY HAMILTON CLEMMONS 3505 BARONS WAY NEW BERN, NC 28562 252/633-4462	ATTORNEY	CHESNUTT, CLEMMONS, PEACOCK & LONG, P.A.	CK #3992	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		1.20.2010	$ 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
MARCUS W. CHESNUTT 814 MADAME MOORE LANE NEW BERN, NC 28562-6446	ATTORNEY	CHESNUTT, CLEMMONS, PEACOCK & LONG, P.A.	CK #5443	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		1.19.2010	$ 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
DR. CHRISTOPHER B. MIZELLE 122 ALLEN DRIVE NEW BERN, NC 28562 252-633-5857	DERMATOLOGIST	EASTERN DERMATOLOGIST & PATHOLOGY		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.3.10	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 550.00

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCOTT DACEY COMMITTEE	TCDH5A

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 HUGHES, III 1037 COLLETON WAY NEW BERN, NC 28562 252/633-5857	SELF			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		1.29.10	$ 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
TRAWICK H. STUBBS, JR. POST OFFICE BOX 1654 NEW BERN, NC 28563 252/633-2700	ATTORNEY	STUBBS & PERDUE, P.A.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.18.2010	$ 500.00
☐					$
☐					$

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
KENNETH E. MORRIS 103 YACHT CLUB ROAD NEW BERN, NC 28562 252/633-4441	SELF			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.23.10	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,300.00

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCOTT DACEY CAMPAIGN	TCDH5A

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
RONALD E. OLIVER 105 MATTHEWS LANE NEW BERN, NC 28561 252/637-4644	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.7.2010	$ 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
KENNETH E. MORRIS, III 503 HAYWOOD CREEK DRIVE NEW BERN, NC 28562 252/636-6228	SELF			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.8.2010	$ 150.00
☐					$
☐					$

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
SABRINA D. BENGEL 329A MIDDLE STREET NEW BERN, NC 28560 252/638-6780	SELF			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.6.2010	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,050.00

Contributions from Individuals

Pg 4 of 9 — 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
SCOTT DACEY CAMPAIGN	TCDH5A

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 C. STEVENS 379 BAY RUN NEWPORT, NC 28570 252/726-6031	PRESIDENT	ALLEGIANCE SECURITY		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.6.2010	$ 500.00
☐					$
☐					$

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
STEPHEN W. NUCKOLLS 124 ALLEN DRIVE NEW BERN, NC 28562 252/635-9969	MANAGER	COASTAL CAROLINA HEALTH CARE, P.A.		$ 237.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.21.2010	$ 237.50
☐					$
☐					$

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
TIM LAWLESS 526 W. DESERT FLOWER LANE PHOENIX, AZ 85045 480/748-8844	EXECUTIVE DIRECTOR	NAIOP-AZ		$ 142.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.17.2010	$ 142.50
☐					$
☐					$

4. Total only this Page	$ 880.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,930.00

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
SCOTT DACEY CAMPAIGN	TCDH5A

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
J. ORTIZ 2870 PEACHTREE ROAD ATLANTA, GA 30305 404/467-4061	CONSULTANT	NWG		$ 237.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.14.2010	$ 237.50
☐					$
☐					$

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
PATRICK O. MCCULLOUGH 3515 TRENT ROAD SUITE 17 NEW BERN, NC 28560 252/636-3707	CONTRACTOR	SELF EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		2.11.2010	$ 1,000.00
☐					$
☐					$

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
W. DAVID MCFADYEN, JR. 608 MADAME MOORES LANE NEW BERN, NC 28560 252/633-0035	ATTORNEY	SELF-EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.22.2010	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 1,437.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,367.50

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
SCOTT DACEY CAMPAIGN	TCDH5A

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
FRANK H. SHEFFIELD, JR. 202 JOHNSON STREET NEW BERN, NC 28560 252/636-0306	ATTORNEY	WARD & SMITH, P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.17.2010	$ 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
ROBERT L. STALLINGS, III POST OFFICE BOX 12327 NEW BERN, NC 28561 252/671-1000	OWNER	EASTERN AVIATION FUELS, INC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.11.2010	$ 500.00
☐					$
☐					$

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
CARL J. ARTMAN 780 NORTH WATER STREET MILWAUKEE, WI 53202 414/273-3500	ATTORNEY	GODFREY & KAHN, S.C.		$ 95.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.7.2010	$ 95.00
☐					$
☐					$

4. Total only this Page	$ 695.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,062.50

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
SCOTT DACEY CAMPAIGN	TCDH5A

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
OWEN D. ANDREWS 103 TRENT SHORES DRIVE NEW BERN, NC 28562 252/637-4969	PRESIDENT	PRINT ELECT		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.27.2010	$ 500.00
☐					$
☐					$

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
GEORGE D. JOYNER 216 HARBOR DRIVE MOREHEAD CITY, NC 28557 252/247-5837	ANALYST	NC DEPARTMENT OF FISHERIES		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.22.2010	$ 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
FRANK T. FRAGALE 150 BUFFALO ROAD NEW BERN, NC 28562 252/638-5067	SELF EMPLOYED	RIVER BEND GOLF & COUNTRY CLUB		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.13.2010	$ 80.00
☐					$
☐					$

4. Total only this Page	$ 880.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,942.50

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
SCOTT DACEY CAMPAIGN	TCDH5A

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 L. HOFFMAN 104 PLANTATION DRIVE NEW BERN, NC 28562 252/672-1684	SELF-EMPLOYED	RIVER BEN GOLF & COUNTRY CLUB		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.14.2010	$250.00
☐					$
☐					$

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
ALLAN DAY 2409 TRAM ROAD NEW BERN, NC 28562 252/633-3364	PRESIDENT	AARON RENTS, INC.		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.13.2010	$150.00
☐					$
☐					$

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
A. REXFORD WILLIS, III 1107 COUNTRY CLUB DRIVE NEW BERN, NC 28562 252/637-4086	ATTORNEY	WARD & SMITH, P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.12.2010	$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)*	$ 6,442.50

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
SCOTT DACEY CAMPAIGN	TCDH5A

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
MG (RET) HUGH R. OVERHOLT 705 COVE HARBOR NEW BERN, NC 28562 (252) 633-9728	ATTORNEY	WARD & SMITH, P.A.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.12.10	$ 250.00
☐					$
☐					$

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
DONALD E. DEICHMANN 4504 W. FAIRWAY DRIVE TRENT WOODS, NC 28562 252/633-4838	OWNER	TRENT CADILLAC- BUICK GMC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		4.12.10	$ 250.00
☐					$
☐					$

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
ROBERT L. STALLINGS, IV POST OFFICE BOX 12327 NEW BERN, NC 28561 252/633-0066	VICE PRESIDENT	EASTERN AVIATION FUELS, INC.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		3.24.10	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,042.50