Disclosure Report Cover

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.

OCT 25 2010

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name: TOM MARK CAMPAIGN FUND

c. ID Number: ECOW22

b. Mailing Address (include City, State and Zip Code): 5504 BLACKBEARD LN, NEW BERN, NC 28560

d. Date Filed: 10/25/10

e. Phone Number: 638-9297

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	7/1/10	10/16/10	PETER J. SWANK

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:

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	☐ 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: BRANCH BANK & TRUST CO

b. Purpose: CHECKING

c. Account Code:

d. Period Begin Balance: $ 1774.38

11. Account Information

a. Financial Institution Full Name: SAME

b. Purpose: SAME

c. Account Code:

d. Period Begin Balance: $ 1774.38

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
PETER J. SWANK	Peter J. Swank	10/25/10

FOR OFFICE USE ONLY

				Delivery Method
Date Received:		Employee:		☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered
Date Data Entered:		Employee:		☐ 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	2. ID Number
TOM MARK CAMPAIGN FUND	3RD QUARTER	EDCW 22

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1774.38	$ 1774.38
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 3365.-	$ 3365.-
6) Contributions from Individuals	(CRO-1210)	$ 3569.-	$ 3914.-
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 2000.-	$ 2000.-
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)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 8934.-	$ 9279.-
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 5619.89	$ 5619.89
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Loan Repayments	(CRO-1420)	$	$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
16) In-Kind Contributions	(CRO-1510)	$ 1207.-	$ 1207.-
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 6826.89	$ 6826.89
18) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 17)*		$ 3881.49	$ 3881.49
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
21) Debts and Obligations owed By the Committee	(CRO-1610)	$	
22) Debts and Obligations owed To the Committee	(CRO-1620)	$	
23) Account Transfers Within the Committee	(CRO-1720)	$	
24) Administrative Support	(CRO-1710)	$	$
25) Forgiven Loans	(CRO-1440)	$	$
26) 48-Hour Notice Reports Sum		$	$

Aggregated Contributions from Individuals

Page 1 of 2

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
TOM MARK CAMPAIGN FUND	ECOW 22

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		CK.		7/15/10	$ 15.
☒ Add ☐ Remove		CK.		7/26/10	$ 15.
☒ Add ☐ Remove		CK.		7/26/10	$ 15.
☒ Add ☐ Remove		CK.		7/28/10	$ 30.
☒ Add ☐ Remove		CK.		7/31/10	$ 50.
☒ Add ☐ Remove		CK.		7/31/10	$ 30.
☒ Add ☐ Remove		CK.		8/2/10	$ 15.
☒ Add ☐ Remove		CK.		8/3/10	$ 30.
☒ Add ☐ Remove		CK.		8/3/10	$ 30.
☒ Add ☐ Remove		CASH		8/4/10	$ 15.
☒ Add ☐ Remove		CK		8/4/10	$ 15.
☒ Add ☐ Remove		CK		8/4/10	$ 30.
☒ Add ☐ Remove		CK		8/5/10	$ 30.
☒ Add ☐ Remove		CK		8/5/10	$ 15.
☒ Add ☐ Remove		CK		8/6/10	$ 30.
☒ Add ☐ Remove		CK		8/6/10	$ 25.
☒ Add ☐ Remove		CK		8/8/10	$ 30.
☒ Add ☐ Remove		CK		8/9/10	$ 15.
☒ Add ☐ Remove		CK		8/11/10	$ 15.
☒ Add ☐ Remove		CK		8/11/10	$ 15.
☒ Add ☐ Remove		CK		8/11/10	$ 15.
☒ Add ☐ Remove		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 30.

4. Total only this Page	$ 540.
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

Page 2 of 6

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
TOM MARK CAMPAIGN FUND	ECDW 22

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		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 30.
☒ Add ☐ Remove		CK		8/11/10	$ 15.
☒ Add ☐ Remove		CK		8/13/10	$ 50.
☒ Add ☐ Remove		CH		8/13/10	$ 15.
☒ Add ☐ Remove		CK		8/13/10	$ 30.
☒ Add ☐ Remove		CK		8/13/10	$ 30.
☒ Add ☐ Remove		CK		8/13/10	$ 15.
☒ Add ☐ Remove		CK		8/13/10	$ 15.
☒ Add ☐ Remove		CH		8/13/10	$ 15.
☒ Add ☐ Remove		CK		8/13/10	$ 30.
☒ Add ☐ Remove		CK		8/13/10	$ 45.
☒ Add ☐ Remove		CK		8/14/10	$ 15.
☒ Add ☐ Remove		CK		8/16/10	$ 30.
☒ Add ☐ Remove		CK		8/16/10	$ 30.
☒ Add ☐ Remove		CK		8/16/10	$ 30.
☒ Add ☐ Remove		CH		8/17/10	$ 03.
☒ Add ☐ Remove		CK		8/17/10	$ 30.
☒ Add ☐ Remove		CK		8/17/10	$ 30.
☒ Add ☐ Remove		CK		8/17/10	$ 15.

4. Total only this Page	$ 578.
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

Page 3 of 6

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
TOM MARK CAMPAIGN FUND	ECDW 22

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		CH		8/17/10	$ 30.
☒ Add ☐ Remove		CH		8/17/10	$ 30.
☒ Add ☐ Remove		CH		8/17/10	$ 30.
☒ Add ☐ Remove		CK		8/17/10	$ 25.
☒ Add ☐ Remove		CK		8/17/10	$ 25.
☒ Add ☐ Remove		CH		8/17/10	$ 30.
☒ Add ☐ Remove		CK		8/18/10	$ 25.
☒ Add ☐ Remove		CK		8/18/10	$ 30.
☒ Add ☐ Remove		CK		8/18/10	$ 30.
☒ Add ☐ Remove		CK		8/18/10	$ 30.
☒ Add ☐ Remove		CK		8/19/10	$ 50.
☒ Add ☐ Remove		CK		8/19/10	$ 30.
☒ Add ☐ Remove		CK		8/20/10	$ 30.
☒ Add ☐ Remove		CK		8/20/10	$ 15.
☒ Add ☐ Remove		CK		8/20/10	$ 15.
☒ Add ☐ Remove		CK		8/20/10	$ 30.
☒ Add ☐ Remove		CH		8/21/10	$ 30.
☒ Add ☐ Remove		CH		8/21/10	$ 20.
☒ Add ☐ Remove		CK		8/23/10	$ 50.
☒ Add ☐ Remove		CK		8/23/10	$ 30.
☒ Add ☐ Remove		CK		8/23/10	$ 30.
☒ Add ☐ Remove		CK		8/25/10	$ 30.
☒ Add ☐ Remove		CK		8/25/10	$ 30.

4. Total only this Page	$ 675.
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

Page 4 of 6

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
TOM MARK CAMPAIGN FUND	ECDW 22

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		CK		8/25/10	$ 30.
☒ Add ☐ Remove		CK		8/25/10	$ 15.
☒ Add ☐ Remove		CK		8/26/10	$ 30.
☒ Add ☐ Remove		CK		8/26/10	$ 50.
☒ Add ☐ Remove		CK		8/26/10	$ 30.
☒ Add ☐ Remove		CH		8/26/10	$ 30.
☒ Add ☐ Remove		CH		8/26/10	$ 30.
☒ Add ☐ Remove		CK		8/26/10	$ 15.
☒ Add ☐ Remove		CK		8/26/10	$ 30.
☒ Add ☐ Remove		CK		8/26/10	$ 15.
☒ Add ☐ Remove		CK		8/26/10	$ 30.
☒ Add ☐ Remove		CK		8/26/10	$ 30.
☒ Add ☐ Remove		CH		8/27/10	$ 30.
☒ Add ☐ Remove		CK		8/27/10	$ 30.
☒ Add ☐ Remove		CK		8/27/10	$ 30.
☒ Add ☐ Remove		CK		8/27/10	$ 40.
☒ Add ☐ Remove		CK		8/27/10	$ 15.
☒ Add ☐ Remove		CK		8/27/10	$ 30.
☒ Add ☐ Remove		CH		8/27/10	$ 15.
☒ Add ☐ Remove		CK		8/27/10	$ 30.
☒ Add ☐ Remove		CK		8/27/10	$ 30.
☒ Add ☐ Remove		CK		8/27/10	$ 15.
☒ Add ☐ Remove		CK		8/27/10	$ 15.

4. Total only this Page	$ 615.
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

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
TOM MARK CAMPAIGN FUND	ECDW22

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		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 15.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CH		8/29/10	$ 15.
☒ Add ☐ Remove		CH		8/29/10	$ 15.
☒ Add ☐ Remove		CK		8/29/10	$ 50.
☒ Add ☐ Remove		CK		8/29/10	$ 30.
☒ Add ☐ Remove		CK		8/24/10	$ 25.
☒ Add ☐ Remove		CK		8/30/10	$ 25.
☒ Add ☐ Remove		CK		10/5/10	$ 25.
☒ Add ☐ Remove		CK		10/13/10	$ 50.
☒ Add ☐ Remove		CK		8/28/10	$ 36.
☒ Add ☐ Remove		CK		"	$ 42.
☒ Add ☐ Remove		CH		"	$ 5.
☒ Add ☐ Remove		CK		"	$ 27.
☒ Add ☐ Remove		CH		"	$ 20.
☒ Add ☐ Remove		CK		"	$ 28.
☒ Add ☐ Remove		CH		"	$ 15.

4. Total only this Page	$ 633.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Aggregated Contributions from Individuals

Page 6 of 6

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
TOM MARK CAMPAIGN FUND	ECDW22

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		CK		8/28/10	$ 20.
☒ Add ☐ Remove		CK		"	$ 25.
☒ Add ☐ Remove		CH		"	$ 23.
☒ Add ☐ Remove		CH		"	$ 7.
☒ Add ☐ Remove		CK		"	$ 20.
☒ Add ☐ Remove		CH		"	$ 10.
☒ Add ☐ Remove		CH		"	$ 5.
☒ Add ☐ Remove		CK		"	$ 32.
☒ Add ☐ Remove		CK		"	$ 35.
☒ Add ☐ Remove		CK		"	$ 35.
☒ Add ☐ Remove		CK		"	$ 30.
☒ Add ☐ Remove		CH		"	$ 12.
☒ Add ☐ Remove		CK		"	$ 35.
☒ Add ☐ Remove		CK		"	$ 35.
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$
☒ Add ☐ Remove					$

4. Total only this Page	$ 324.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 3365.00

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
TOM MARK CAMPAIGN FUND	ECDW 22

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
LESTER BJORK 904 HAWKSBILL CT NB, NC 28560 638-5019	RETIRED	—	—	$ 1200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		7/1/10	$ 1000.
☒		CK		3/23/10	$ 200.
☐					$

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
ROY KUHNS 1103 KEA CT NB, NC 28560 638-6527	RETIRED		—	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		7/5/10	$ 100.
☐					$
☐					$

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 MCCULLOUGH 4315 COUNTRY CLUB RD NB, NC 28563	BUILDER	SAME	—	$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		7/7/10	$ 500.
☐					$
☐					$

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

Contributions from Individuals

Pg 2 of 6 | 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
TOM MARK CAMPAIGN FUND	ECDW 22

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 TYSON 457 W. FAIRWAY DR NB, NC 28560 633-5766	REALTOR	TYSON & HOOKS 2410 MLK BLVD NB, NC 28563		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		7/8/10	$ 250.
☐					$
☐					$

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
JUDY CLINE 1225 PELICAN DR NB, NC 28560 635-1786	RETIRED			$ 210.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CH		7/29/10	$ 200.
☒		CH		3/25/10	$ 010.
☐					$

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
ANTHONY BONNICI PO BOX 113 NB, NC 28563 671-7181	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/1/10	$ 100.
☐					$
☐					$

4. Total only this Page	$ 560.00
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 6 | 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
JANET DUNN 6010 STERN CT NB, NC 28560 638-2637	RETIRED			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/10/10	$ 200.
☒		CK		3/25/10	$ 100.
☐					$

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 PETTIGREW 5626 GONDOLIER DR NB, NC 28560 634-3175	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/13/10	$ 100.
☐					$
☐					$

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
ELISE CLIPPINGER 1006 PELICAN DR NB, NC 28560 635-6533	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CH		8/18/10	$ 100.
☐					$
☐					$

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

Pg 4 of 6 | 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
MARY BJORK 604 HAWKSBILL CT NB, NC 28560 638-5019	RETIRED			$ 60.—

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/28/10	$ 60.
☐					$
☐					$

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
DENNIS MACGETT 1305 B ST. BRINGETON, NC 28519 634-9698	ELECTRICIAN	MACGETT ELECTRIC ← SAME		$ 200.—

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CH		8/24/10	$ 200.
☐					$
☐					$

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
ROLF MARIS 5502 BLACKBEARD LN NB, NC 28560 637-2165	RETIRED			$ 200.—

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/28/10	$ 200.
☐					$
☐					$

4. Total only this Page	$ 460.—
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 5 of 6 | 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
NANCY TEUBERT 1906 HARBOUR SIDE DR NB, NC 28560 636-6918	RETIRED			$ 135.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/28/10	$ 100.
☒				4/16/10	$ 35.
☐					$

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
PATRICIA MARTIN 6103 CUTLASS CT NB, NC 28560 636-0633	RETIRED			$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/29/10	$ 200.
☐					$
☐					$

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
SCOTT DACEY 139 TRENT SHORES RD NB, NC 28562 636-0633	LOBBIST	← SAME		$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		8/29/10	$ 100.
☐					$
☐					$

4. Total only this Page	$ 435.-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 6 of 6 | 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
RUTH SWANK 1416 CARACARA DR NB, NC 28560 638-9297				$ 59.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		9/2/10	$ 59.
☐					$
☐					$

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
ASHLEY BLEAU 309 BAY BUSH RD KNANCE BORO, NC 28586 414-1347	Self-Employed	SAME ←		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/13/10	$ 100.
☐					$
☐					$

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
☐					$
☐					$
☐					$

4. Total only this Page	$ 159.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3914.~~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
TOM MARK CAMPAIGN FUND	ECDW 22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
CRAVEN COUNTY GOP PO BOX 13466 NB, NC 28561	☐ Candidate ☒ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1000.

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CK		8/11/10	$ 1000.
				$
				$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
CRAVEN COUNTY REPUBLICAN MEN'S CLUB 1416 CARACARA DR NB, NC 28560	☐ Candidate ☒ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1000.

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CK		8/14/10	$ 1000.
				$
				$

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	$ 2000.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 1 of 7 | Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BOB SHUCK 6306 GONDOLIER DR NB, NC 28560 638-6340	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 48.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 20.
" " " "	" " "	$ 16.
" " " "	" " "	$ 12.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PETE SWANK 1416 CARRERA DR NEW BERN, NC 28560 638-9297	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 165.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 30.
" "	"	$ 5.
" "	"	$ 130.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BERNIE TEUBERT 1906 HARBOURSIDE DR NB, NC 28560 636-6918	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 55.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 30.
" "	"	$ 15.
" "	"	$ 10.

4. Total only this Page	$ 268.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 2 of 7 | Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ANDY DAVIES 5006 PLYMOUTH CT NB, NC 28560 633-0848	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 50.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 2.
" "	"	$ 20.
" "	"	$ 28.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BOB BARRIGAN 2160 ROYAL PINES DR NB, NC 28560 637-7879	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 57.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 4.
" "	"	$ 50.
" "	"	$ 3.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RICHARD STAIR 6100 GONDOLIER DR NB, NC 28560 633-4563	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 45.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 10.
" "	"	$ 15.
" "		$ 20.

4. Total only this Page	$ 152.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BOB OSTAR 905 SAW GRASS CT NB, NC 28560 637-6388	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 38.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 25.
" "	"	$ 5.
" "	"	$ 8.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
LARAINE MARIE 5504 BLACKBEARD LN NB, NC 28560 635-6448	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 37.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 10.
" "	"	$ 7.
" "	"	$ 20.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BILL ALLEN 903 HAWKSBILL CT NB, NC 28560 633-6738	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 35.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 10.
" "	"	$ 5.
" "	"	$ 20.

4. Total only this Page	$ 110.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 4 of 7

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DAN ENGELHARDT 903 DELTA CT NB, NC 28560 637-9805	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 62.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 12.
" "	"	$ 35.
" "	"	$ 15.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MIKE FRIES 908 HARBOUR POINTE DR NB, NC 28560 637-6965	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 70.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 20.
" "	"	$ 30.
" "	"	$ 20.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PATRICIA MARTIN 6103 CUTLASS CT NB, NC 28560 636-3802	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 35.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 10.
" "	"	$ 15.
" "	"	$ 10.

4. Total only this Page	$ 167.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 5 of 7

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JIM CLINE 1225 PELICAN DR NB, NC 28560 635-1786	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 18.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 5.
" "	"	$ 10.
" "	"	$ 3.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BRUCE RICE 2058 ROYAL PINES DR NB, NC 28560 638-3539	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 30.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 10.
" "	"	$ 15.
" "	"	$ 5.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KEN DUNN 6010 STERN CT NB, NC 28560 638-2637	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 27.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 20.
" "	"	$ 5.
" "	"	$ 2.

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 6 of 7 | Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RUTH SWANK 1416 CARACARA DR NB, NC 28560 638-9297	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 109.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 6.
" "	"	$ 12.
" "	"	$ 90.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JIM MARK 915 NASSAU CT NB, NC 28560 636-5512	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 47.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 17.
" "	"	$ 15.
" "	"	$ 15.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
EKO ALLAN 6021 CASSOWARY LN NB, NC 28560 672-1859	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 95.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$ 5.
" "	"	$ 15.
" "	"	$ 75.

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 7 of 7

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECOW22

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ROBERT SKROTSKY 5108 BUCCO REEF RD NB, NC 28560 514-0299	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 185.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUNDRAISER	8/28/10	$ 40.
" "	"	$ 110.
" "	"	$ 35.

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AUCTION ITEM FOR FUND RAISER	8/28/10	$
		$
		$

4. Total only this Page	$ 185.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1207.00

Disbursements

Pg 1 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
DOLLAR GENERAL NB, NC 28560		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 24.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	O	7/01/10	$ 24.78	FLAGS
				$	

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
WHITEHALL'S HAVELOCK, NC 28532		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 100.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	O	7/7/10	$ 100.00	PINS
				$	

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
The SHOPPER NB, NC 28560		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 295.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	B+I	7/17/10	$ 295.-	FLYERS + Postage
				$	

5. Total only this Page	$ 419.78
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 2 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
ACCU COPY NB, NC 28560 633-6600		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 494.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	B	7/20/10	$ 52.06	FLYERS
				$	

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
MONTE PRINTING NB, NC 28561 637-5803		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 869.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	B	7/21/10	$ 362.59	DOOR HANGERS
	~~CK Pd~~			$	

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
STAPLES NB, NC 28562 637-6867		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 172.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	K	7/24/10	$ 10.76	ENVELOPES
	DEBIT	K	10/1/10	$ 19.38	ENK
5. Total only this Page		K	8/14/10	17.23 ENK	$ 1,536.27
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 3 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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	d. Comments
TOTAL IMAGE 745A, HWY 1175 BURGAW, NC 28425 910-259-6666	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 871.14

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	B	7/26/10	$103.40	LABELS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
D+E PATTERSON 603-382-4242	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 275.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	K	7/28/10	$75.00	T-SHIRTS
	CK	K	7/29/10	$200.00	T-SHIRTS

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
RODGER WHITNEY PO BOX 12852 NB, NC 28561	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 160.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	A	7/29/10	$100.	WEB DESIGN
	CK	A	8/18/10	$60.	WEB MAINT.

5. Total only this Page	$ 1306.14
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 4 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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	d. Comments
TARGET NB, NC	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 32.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	F	8/23/10	$ 32.31	RECORDER
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VICTORY STORE 5200 SW 30TH ST DAVENPORT, IA 52802 866-241-2294	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 650.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	O	8/23/10	$ 650.-	HWY SIGNS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JAMES CLINE 1225 PELICAN DR NB, NC 28560 635-1786	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 168.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	A	8/27/10	$ 47.41	WEB STAMPS
	CK	A+K	10/1/10	$ 121.33	STAKES + INK

5. Total only this Page	$ 851.05
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 5 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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	d. Comments
MAVIS LANE VILLAGE SQ. SHOPPING CENTER NB, NC 637-6162	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 59.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	O	8/27/10	$ 59.	WRITTEN IN ERROR SEE: CR01210
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LINDA FLYNN 1300 CAMACARA DR NB, NC 28560 635-1808	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 60.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	C	8/28/10	$ 60.-	SERVER
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DOUG HOLDER	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 100.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	C	8/28/10	$ 100.	AUCTIONEER
				$	

5. Total only this Page	$ 219.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 6 of 7 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
TOM MARK CAMPAIGN FUND	ECDW 22

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
The EMERALD NB, NC 28560		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 566.76

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	C	8/29/10	$ 566.76	CATERER
				$	

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
The GRAPHICS SHACK 781 HWY 70 E NB, NC 28562 636-3600		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 328.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	B	9/8/10	$ 32.33	FLYERS
	"	"	9/14/10	$ 215.50	"
	"	"	9/27/10	$ 80.81	LETTERS

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
BB&T FRONT ST NB, NC 28560		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 05.-

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	BANK	J	9/21/10	$ 05.-	ADJUSTMENT
				$	

5. Total only this Page	$ 900.40
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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)**

Disbursements

Pg 1 of 7 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
TOM MARK CAMPAIGN FUND	ECDW22

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
Lowes NB, NC 28560		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 64.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT	A	10/4/10	$ 64.00	METAL STAKES
				$	

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
DISTINCTIVE PHOTO 110 DOE LN NB, NC 28562		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 323.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK	A	10/14/10	$ 323.25	PHOTO SHOOT
				$	

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
		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

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

5. Total only this Page	$ 387.25
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 5619.89

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)**