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
TOM MARK CAMPAIGN FUND	ECDW 22
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
5504 BLACK BEARD LN NEW BERN, NC 28560	1-11-11
	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	10-17-10	12-31-10	PETER J. SWANK

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

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 Plus	☐ 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		b. Purpose	c. Account Code	d. Period Begin Balance
BRANCH BANK + TRUST CO.		Checking		$ 10,279.48

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
SAME	SAME		$ 10,279.48

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

PETER J. SWANK	Peter J. Swank	1-11-11
Printed Name of Signer	Signature of Appointed Treasurer	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	2. ID Number
TOM MARK CAMPAIGN FUND	4th QUARTER	EDCW 22

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 7179.48	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ —	$
6) Contributions from Individuals	(CRO-1210)	$ 600.—	$
7) Contributions from Political Party Committees	(CRO-1220)	$ —	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 2600.—	$
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)*		$ 3200.—	$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 9780.48	$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 400.—	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Loan Repayments	(CRO-1420)	$ 190.—	$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
16) In-Kind Contributions	(CRO-1510)	$	$
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 10,370.48	$
18) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 17)*		$ 9.00	$
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		$	$

Contributions from Individuals

Pg 1 of 1

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
John Wetherington 119 N. West St. Dover, NC 28526	Farmer	Self-Employed		$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11-3-10	$ 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
Robert M. Brydge 2113 A So. Glenburnie Rd New Bern, NC 28562 252-633-1999	Gen. Contractor	Self-Employed		$ 250.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10-21-10	$ 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
Robin Strickland 1109 Country Club Dr New Bern, NC 28562 252-638-9190	Gen. Contractor	Self-Employed		$ 250.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10-21-10	$ 250.-
☐					$
☐					$

4. Total only this Page	$ 600.-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 600.-

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SCOTT DACEY COMMITTEE P.O. BOX 15395 NEW BERN, NC 28561 252-633-5766	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 2600.-

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		10-21-10	$ 2600.-
				$
				$

3. Contributor Information ☐ Add ☐ Remove

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

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

4. Total only this Page	$ 2600.-
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 2600.-

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
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
SUN JOURNAL 3200 WELLONS BLVD NEW BERN, NC 28562 252-638-8101		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 62.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	A	11-3-10	$ 62.98	NEWSPAPER AD
				$	

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 STEWART GROUP PO BOX 26508, RALEIGH NC 27611		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 9687.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Checks	B+I	11/10/10 12/3/10	$ 9687.50	3 MAILINGS TO ALL PRECINCTS
				$	

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
IMAGES BY RODGER PO BOX 12852 NEW BERN, NC 28561		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 30.-

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	12-9-10	$ 30.-	WEB MAINT
				$	

5. Total only this Page	$ 9780.48
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)*	9780.48 $

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 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
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
SCOTT DACEY CAMPAIGN COMM. PO BOX 15395 NEW BERN, NC 28561 252-633-5766		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 400.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	12-8-10	$ 400.	
				$	

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
				$	
				$	

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	$ 400.—
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)*	$ 400.—

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)**

Loan Repayments

Use this form to report payments on an existing loan.

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM MARK CAMPAIGN FUND	ECDW 22

3. Lender Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
Thomas Mark 5504 Blackberry Ln New Bern, NC 28560 252-645-6448	
	c. Original Loan Date: 2-26-10
	d. Original Loan Amount: $ 400.-

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$ 210.00	1	Check	12-9-10	$ 190.-
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

4. Total only this Page	$ 190.-
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 190.-